TEEN ROCK CAMP 2015 at CHARLES WRIGHT ACADEMY

CONSENT AND AUTHORIZATION FOR MEDICAL CARE

This form must be received in order for your child to participate.

My child (full name) _____ has permission to attend ROCK CAMP, July 20 – July 24, 2015 at Charles Wright Academy. In the event that my child requires emergency medical attention, I give consent for emergency treatment at a hospital, doctor's office, or by emergency services providers.

In case of emergency, please contact:

1) Parent/Guardian Name _____ Home phone _____
Email Address _____ Cell phone _____
Work phone _____

2) Parent/Guardian Name _____ Home phone _____
Email Address _____ Cell phone _____
Work phone _____

If parents/guardians cannot be reached, please contact:

1) Name/Relationship _____ Home phone _____
Cell phone _____
Work phone _____

2) Name/Relationship_____ Home phone _____
Cell phone _____
Work phone _____

Please provide health insurance information

Medical insurance Company _____ Subscriber's name_____

Subscriber ID number _____

Physician's Name _____ Physician's Phone Number _____

Known allergies or medical conditions _____

_____

Medications _____

_____ _____

Parent/Guardian signature Date