



MEDICAL INFORMATION AND CONSENT FORM

This form grants permission to SS-ROV camp staff and affiliates to seek medical treatment for a participant in case any such emergency or need to see a physician arises. A copy of the participant's insurance card and all insurance forms needed for treatment must be included with this form.

_____/_____/_____
Participant Name Birth Date

Custodial Parent or Guardian Name

Place of Employment

Parent Home Phone Parent Work or Cell Phone

Insurance Company Insurance Policy Number

Name of Primary Insured

If this participant is covered by MediCal/Medicaid, when does the current policy expire ____/____/____

Primary Physician

(_____)_____
Physician's Office Telephone Fax

Date of Last Tetanus Immunization or Booster Shot: ____/____/____

Please list any medical condition for which the participant is being treated at this time: _____

List any medications taken: _____

List any food or medications to which the participant is allergic: _____

Sunscreen and insect repellent may be applied to the participant: Sunscreen ___ Insect Repellant ___ None ___

List any restrictions of physical activity that may apply to the participant: _____

Participants enrolled in SS-ROV Camp are considered visitors of the hosting facility. They do not have access to the campus health center (should one exist and/or be open). If medical assistance is needed, participants are taken to the nearest urgent/emergent medical treatment facility.

MEDICAL TREATMENT CONSENT AND LIABILITY RELEASE

I, the undersigned parent/guardian, do hereby grant permission for _____ to receive necessary medical treatment, and give permission to the SS-ROV Camp staff to seek treatment for said participant, in the event of an injury or illness while in SS-ROV Camp. Furthermore, I accept responsibility for full payment of such medical treatment. I hereby hold SS-ROV Camp and its representatives and affiliates harmless in the execution of this authority.

Listed medical conditions need to be verbally expressed to a camp administrator at drop-off on the first day of camp.

_____/_____/_____
Parent/Guardian Signature Date