

OCS CAMP EMERGENCY MEDICAL FORM

FOR CAMPERS WHO DON'T ATTEND OCS

Student Name _____ Birth Date _____

Parent/Guardian Name _____ Phone _____

Parent/Guardian Name _____ Phone _____

Home Address _____

EMERGENCY CONTACTS:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Preferred Hospital _____

Preferred Physician _____ Phone _____

Alternate Physician _____ Phone _____

Name of Insurance Company: _____ Policy # _____

MEDICAL INFORMATION

Please list any special health problems, allergies, special diets or medication for your child(ren):

I, _____, the parent/guardian of _____, authorize and consent to medical treatment and procedures deemed immediately necessary and advisable by emergency medical personnel to safeguard my child's health if I cannot be contacted. I agree to be financially responsible for all expenses incurred for the treatment, including an ambulance if necessary, under the circumstances described above.

Parent/Guardian Signature

Date