

MEDICAL AUTHORIZATION

Medications

The undersigned, being the parent or guardian of _____ does hereby authorize any member of the staff of Camp New Hope, Inc. D/B/A Camp New Hope, Lake Mattoon, Mattoon, Illinois, to administer all medicines, prescription drugs and other medical remedies required for or on behalf of the above named child or ward of mine while said child or ward is attending, participating in or a camper at any of the functions or facilities at Camp New Hope. I specifically agree to advise the staff and personnel of Camp New Hope off all prescribed and required medicines, prescription drugs and other medical needs for the above named individual, and I hereby give my consent and authority for said staff and personnel to administer all of such prescription drugs, medicines and other medical supplies as needed from time to time for the above named individual while at Camp New Hope.

Permission to Treat

I hereby give permission to the medical personnel selected by the acting camp director to provide routine health care; to administer medications; to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

I further waive any claim on behalf of myself and the above named individual pursuant to this authorization. I further warrant that I have the authority to grant this medical authorization on behalf of the above named individual and agree to hold Camp New Hope, Inc., harmless by reason of my execution of this medical authorization.

Signed _____ Date _____, 20____

Signature of parent (or legal guardian if other than parent)

Address

City, State, Zip