

BIG BUMMER CAMP

CALVARY FELLOWSHIP JR HIGH

I, the parent or guardian of _____ give permission for my child to attend the BIG BUMMER SUMMER CAMP from the dates of September 2nd-5th and do hereby authorize Calvary Fellowship Jr High, as agents for the undersigned to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care which is deemed advisable by and is licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given in advance to provide authority and power on the part of the aforesaid agents to give a specific consent to any and all such treatments.

(Signature of Parent or Guardian)

_____(Date)

_____Phone #

_____Email

Please list any other things we should be aware of, especially medical or allergy problems your child might have:

Please list any medication & proper dosage your child has for this trip:

Is it OK to give your child Tylenol for headaches, pain, etc?

_____Yes _____No

