



A-88@96I FM

Medical Authorization Form for
MIDDLEBURY COLLEGE ATHLETIC CAMP

- CAMPER
STAFF

Name of Camper / Athlete
Last / First / M.I.

TO WHOM IT MAY CONCERN:

I agree to permit my child to participate in all camp activities at the 2019 Middlebury College Camp. I hereby grant permission to those parties supervising the Middlebury College Camp, to obtain emergency treatment for my child if necessary. (Full name with middle initial)

I also do hereby agree to release the staff of the Middlebury College Camp, their representatives, agents, servants, and employees from liability for any injury to said minor child, resulting from any cause whatsoever occurring to said child, at any time, while attending the Middlebury College Camp.

(Print and Signature of PARENT/GUARDIAN)

EMERGENCY

I authorize the camp director, to secure the services of a physician or hospital, and to incur the expenses for necessary services in the event of accident or illness sustained by my child, and I will provide for the payment of these costs.

(Print and Signature of PARENT/GUARDIAN)

Is there any medical aspect we need to know about your child? If yes, please provide an explanation below.

Please List any allergies to medications below:

Name of Insurance Company
Insurance Policy No. (Please FAX a copy of your insurance card along with form.)
Family Physician or Clinic Phone
Address
Student's Full Name
Address
Home Phone ( ) Business Phone ( )
Emergency Contact Relationship
Home Work

Signature

Parent / Guardian Signature

Please submit ALL FORMS by the deadline: 7 days in advance of the session