**Camper Emergency Information, Medical Authorization**

**And Pick-Up Authorization Form**

Camper’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Summer Camp Session Title (s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Phone # (s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies/Medications staff should be aware of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Staff is not allowed to administer any medication to campers. Please make sure any medications needed are taken prior to drop off or after pick up.**

**MEDICAL AUTHORIZATION**: I acknowledge that I am responsible for all medical and other costs arising out of bodily injury or any loss sustained through participation in the Summer Camp program(s). I hereby authorize and give my consent to Challenger Learning Center camp staff to act on my behalf to secure any hospital, physician, ambulance and/or medical personnel for immediate treatment deemed necessary in connection with the Summer Camp program(s). I understand that should an emergency medical problem arise, an attempt will be made to call the emergency phone number(s) that I have provided. In the event that the emergency contact cannot be reached, I hereby give consent to such treatment as deemed necessary by a licensed health care professional.

Please list the names of individuals (and dates) who are allowed to pick up your camper:

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\*\* Please be prepared to present an ID at pick-up for verification purposes. \*\*

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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For office use only:

Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_