

Camper Name _____

Loveland Show Choir Camp

Medical Form

Grant Consent

In the event reasonable attempts to contact me or the other parent at the numbers listed are unsuccessful, I hereby give my consent for:

- 1) The administration of any treatment deemed necessary by the attending doctor or dentist, If preferred is unavailable.
- 2) The transfer of the child to the preferred hospital reasonably accessible.
- 3) This authorization does not cover major surgery unless the medical opinion of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Date: _____ 2018

Signature of Parent/Guardian _____

Address _____

Special Medical Problems or allergies

Food Allergies No Yes _____

Phone numbers where you can be reached during the camp

Who: _____

Home: _____

Work: _____

Cell: _____

Who: _____

Home: _____

Work: _____

Cell: _____

Preferred List:

Doctor: _____ - Phone number- _____

Dentist: _____ - Phone Number- _____

Hospital: _____ Insurance Company _____

Insurance #- _____

Insurance Telephone number- _____