



MEDICAL AUTHORIZATION FORM

In the event of a child's serious illness or accident occurring while s/he is at camp or elsewhere under camp supervision, the camp's policy is to first notify the student's parent/guardian, then the physician designated below, as soon as reasonably possible. However, if the camp is unable to locate such designees and considers immediate treatment necessary, then I, the undersigned parent/guardian, hereby authorize the camp to take such emergency measures as

seem reasonably necessary under the circumstances, including treatment and/or surgery by an available physician and/or in a nearby hospital. **PLEASE PRINT LEGIBLY:**

CHILD'S NAME _____

HOSPITAL INSURANCE COMPANY _____

POLICY NUMBER _____ TYPE _____

EMERGENCY NAME (*other than parent*) _____

PHONE _____ EMAIL _____

ARE IMMUNIZATIONS UP TO DATE? YES NO DATE OF LAST TETANUS _____

INJURIES/ILLNESSES/SURGERIES IN THE PAST YEAR? _____

CONDITIONS FOR WHICH CAMPER IS CURRENTLY UNDER TREATMENT OR SUPERVISION _____

NAME/DOSAGE OF PRESCRIBED MEDICATIONS: Given at home _____

To be given at camp _____

Please note: If medication is to be given at camp, a current doctor's order and parent authorization form must be submitted. Medication must be provided in its properly labeled prescription bottle.

ALLERGIES (include medications, foods, inhalants, stinging insects, etc.) _____

PHYSICIAN'S NAME _____ PHONE _____

DENTIST'S NAME _____ PHONE _____

ADDITIONAL INFORMATION THE DIRECTOR SHOULD KNOW ABOUT (please be specific): _____

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

MEDIA AUTHORIZATION: I hereby authorize Julie Billiard School/Beyond Camp to use the photographic image, video or likeness of the enrolled child for the use and benefit of Julie Billiard School/Beyond Camp in its publications, website, marketing and promotional materials.

SIGNATURE: _____

Contact us with questions at:
camp@jbschool.org or 216-381-1191