



(717) 755-0123 (option 8) - www.KidzCampYork.com

EMERGENCY CONTACT FORM

Child's Name: _____ DOB: _____

Address: _____

Home Phone: _____ Email: _____

Father/Guardian Name: _____ Phone#: _____

Mother/Guardian Name _____ Phone #: _____

EMERGENCY CONTACT INFORMATION

Name _____ Day Phone _____ Relationship _____

Name _____ Day Phone _____ Relationship _____

Name _____ Day Phone _____ Relationship _____

CONSENT FOR MEDICAL TREATMENT

I, the undersigned, certify that I am the legal Parent/Guardian of the above named child and that he/she is in good health and has had a physical within the past two years. I do hereby consent to any examinations, x-rays, medications, and anesthesia, and surgical treatment of the above named minor that may become necessary based on the recommendations that may be made by the attending physicians overseeing his or her care or to which I have given consent in Kidz Camp at Heritage Hills Health Form. It is understood that this consent is given in advance of any accident or illness that may require diagnosis and treatment, but is given to encourage physicians to use their best judgment and to proceed immediately with any necessary treatment. This authorization for diagnosis and treatment is valid only in the event that the undersigned parent or guardian cannot be reached in case of emergency and shall remain in effect until revoked in writing.

In case of a medical emergency, if I cannot be reached, I give my permission for my child to be transported to the following hospital at my expense:

Name	Address	Phone #

If no hospital is listed above, I permit and authorize Kidz Camp at Heritage Hills' personnel to transport or arrange ambulance transportation to the nearest emergency facility (MEMORIAL HOSPITAL). I understand I will be notified immediately using contact information I have provided if my child is experiencing a medical emergency. In the case of a non-threatening injury, I understand I will also be called and my instructions for care will be requested and followed.

I agree to assume any and all risk of accident or injury to my child may sustain from whatever cause in connection with his or her participation in Kidz Camp at Heritage Hills. I further agree to hold Kidz Camp at Heritage Hills, its employees, agents, and Board of Directors, harmless should any accident or injury occur to my child. I understand that no medical insurance is provided by Kidz Camp at Heritage Hills itself.

PARENT/GUARDIAN NAME (Please Print): _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____