



PO Box 36, Como, CO 80432  
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### Medical Treatment Authorization and Consent & Emergency Contact

I, \_\_\_\_\_ [Full Legal Name of Parent/Guardian], being the [parent/legal guardian] of \_\_\_\_\_ [Child's Full Name] authorize \_\_\_\_\_ Camp Como to seek, obtain and consent to emergency medical care and dental treatment for \_\_\_\_\_ [Child's Full Name] as deemed necessary by a licensed medical or healthcare professional. This authorization is for the time period when my child is at Camp Como in the care of \_\_\_\_\_, our church's Youth/Children's Pastor and is effective \_\_\_\_\_ through \_\_\_\_\_, (date of camp).

#### Child's Information

Child's Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

#### Parent/Guardian's Information

Parent's/Guardian's Name 1: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number (H): \_\_\_\_\_ Phone Number (M): \_\_\_\_\_

Parent's/Guardian's Name 2: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number (H): \_\_\_\_\_ Phone Number (M): \_\_\_\_\_

#### Child's Health Information

Health Conditions (e.g. Asthma, Diabetes): \_\_\_\_\_  
\_\_\_\_\_  
Allergies (e.g. to Medications, Food): \_\_\_\_\_  
\_\_\_\_\_  
Prescription Medications: \_\_\_\_\_  
\_\_\_\_\_  
Date of Last Tetanus Injection/Booster: \_\_\_\_\_

#### Child's Medical Care and Insurance Information

Physician/Pediatrician: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Dentist/Orthodontist: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Preferred Medical Facility: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_  
Policy/Group Number: \_\_\_\_\_ Policy Holder: \_\_\_\_\_

#### SIGNATURE OF PARENT/GUARDIAN

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Print Name \_\_\_\_\_