



# MEDICAL INFORMATION AND CONSENT FORM

This form grants permission to SS-ROV camp staff and affiliates to seek medical treatment for a participant in case any such emergency or need to see a physician arises. A copy of the participant's insurance card and all insurance forms needed for treatment must be included with this form.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Participant Name Birth Date

\_\_\_\_\_  
Custodial Parent or Guardian Name

\_\_\_\_\_  
Place of Employment

\_\_\_\_\_  
Parent Home Phone

\_\_\_\_\_  
Parent Work or Cell Phone

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Insurance Policy Number

\_\_\_\_\_  
Name of Primary Insured

If this participant is covered by MediCal/Medicaid, when does the current policy expire \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Primary Physician

(\_\_\_\_\_)\_\_\_\_\_  
Physician's Office Telephone

(\_\_\_\_\_)\_\_\_\_\_  
Fax

Date of Last Tetanus Immunization or Booster Shot: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please list any medical condition for which the participant is being treated at this time: \_\_\_\_\_

\_\_\_\_\_  
List any medications taken: \_\_\_\_\_

List any food or medications to which the participant is allergic: \_\_\_\_\_

Sunscreen and insect repellent may be applied to the participant: Sunscreen \_\_\_ Insect Repellant \_\_\_ None \_\_\_

List any restrictions of physical activity that may apply to the participant: \_\_\_\_\_

Participants enrolled in SS-ROV Camp are considered visitors of the hosting facility. They do not have access to the campus health center (should one exist and/or be open). If medical assistance is needed, participants are taken to the nearest urgent/emergent medical treatment facility.

## MEDICAL TREATMENT CONSENT AND LIABILITY RELEASE

I, the undersigned parent/guardian, do hereby grant permission for \_\_\_\_\_ to receive necessary medical treatment, and give permission to the SS-ROV Camp staff to seek treatment for said participant, in the event of an injury or illness while in SS-ROV Camp. Furthermore, I accept responsibility for full payment of such medical treatment. I hereby hold SS-ROV Camp and its representatives and affiliates harmless in the execution of this authority.

**Listed medical conditions need to be verbally expressed to a camp administrator at drop-off on the first day of camp.**

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