

CONSENT FOR TREATMENT

**HARMONY EXPLOSION CAMP**

**PARENT/GUARDIAN *APPROVAL* FOR TREATMENT**

I hereby authorize medical personnel to administer treatment or procedures that in their judgment may be necessary for:

NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_ AGE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Parent, Guardian, or Next of Kin

ADDRESS \_\_\_\_\_

Street

\_\_\_\_\_

city

\_\_\_\_\_

State, Zip Code

\_\_\_\_\_

Telephone numbers (Home/Work) including area code

**You will be notified should it become necessary to refer the above named to a medical facility.**

FAMILY PHYSICIAN:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

**HEALTH INSURANCE COMPANY THAT INSURES FAMILY AND PATIENT:**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

**BRING THIS FORM TO CAMP!**