



MIDDLEBURY

Medical Authorization Form for
MIDDLEBURY COLLEGE ATHLETIC CAMP

CAMPER

STAFF

Name of Camper / Athlete _____

Last / First / M.I.

TO WHOM IT MAY CONCERN:

I agree to permit my child _____ to participate in all camp activities at the 2019 Middlebury College _____ Camp. I hereby grant permission to those parties supervising the Middlebury College _____ Camp, to obtain emergency treatment for my child _____ if necessary.

(Full name with middle initial)

I also do hereby agree to release the staff of the Middlebury College _____ Camp, their representatives, agents, servants, and employees from liability for any injury to said minor child, resulting from any cause whatsoever occurring to said child, at any time, while attending the Middlebury College _____ Camp.

(Print and Signature of PARENT/GUARDIAN)

EMERGENCY

I authorize the camp director, _____, to secure the services of a physician or hospital, and to incur the expenses for necessary services in the event of accident or illness sustained by my child, and I will provide for the payment of these costs.

(Print and Signature of PARENT/GUARDIAN)

Is there any medical aspect we need to know about your child? If yes, please provide an explanation below.

Please List any allergies to medications below:

Name of Insurance Company _____

Insurance Policy No. _____ (Please **FAX a copy of your insurance card** along with form.)

Family Physician or Clinic _____ Phone _____

Address _____

Student's Full Name _____

Address _____

Home Phone (_____) _____ Business Phone (_____) _____

Emergency Contact _____ Relationship _____

Home _____ Work _____

Signature

Parent / Guardian Signature

Please submit ALL FORMS by the deadline: 7 days in advance of the session