

**Required:**  
**Camper photo**  
*(school picture/  
headshot preferred)*

**Attach here**

## Emergency Medical Authorization

Camper Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Last Tetanus \_\_\_\_\_

Family Physician Name: \_\_\_\_\_

Phone Number: (      ) \_\_\_\_\_

In the event reasonable attempts to contact : \_\_\_\_\_  
(Print Parent/Legal Guardian name)

at (      ) \_\_\_\_\_ or (      ) \_\_\_\_\_

have been unsuccessful, I hereby give my consent for the transport of my child for treatment and the administration of any treatment deemed necessary by a licensed physician or dentist and/or the transfer of my child to the Wooster Community Hospital. This authorization does not cover major surgery unless the parent/guardian has been notified or, if not reachable, the hospital would need the medical opinions of two other licensed physicians or dentists who concur the necessity of such surgery.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Camper:    Mother     Father     Legal Guardian

Please check one:

My camper has insurance coverage. **Both sides of her health care insurance card are copied and attached to this form or submitted electronically.**

My camper does not have insurance. I understand The College of Wooster does not provide health insurance for my child. I assume any medical costs incurred at camp.

### Health Concerns

Known Allergies: \_\_\_\_\_

Physical Impairments: \_\_\_\_\_

Prescription medications: \_\_\_\_\_

Attach a copy of the  
**FRONT** of your  
insurance card  
here

Attach a copy of the  
**BACK** of your  
insurance card  
here.