

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

Attach here

Emergency Medical Authorization

Camper Last Name: _____

First Name: _____

Date of Birth: _____

Date of Last Tetanus Shot: _____

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 camper's 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.**