



Lancaster Presbyterian Church

Name _____		
Office Use Only	<input type="checkbox"/> Elementary	Cabin # _____
	<input type="checkbox"/> Intermediate	Tent # _____
	<input type="checkbox"/> Junior High	Lodge or Cabin # _____
Dates of Camp: <u>Sunday, June 24 – Saturday, June 30, 2018</u>		

Medical Release Form

Authorization of Parent/Guardian for Other Person to Consent for Treatment of Minor Patient

I, _____ do hereby authorize Lancaster Presbyterian Church Summer Youth Camp Staff to sign for any medical treatment deemed necessary for _____ whose birth date is _____. This authorization is valid from _____ (date) through and including _____ (date).

Date Signed _____

Parent/Guardian _____ (print)

Parent/Guardian _____ (signature)

The person herein described has appeared before me and is known by me or has presented sufficient identification to prove that he or she is, indeed, the above individual.

Notary Public Signature/Stamp _____

Date Signed _____

Camper Name _____

Health Insurance Company _____

Identification Number _____ Group No. _____

Place of Employment _____

Provide a photocopy of insurance card.

Camper Physician: _____ Phone _____

Camper Orthodontist: _____ Phone _____

Camper Dentist: _____ Phone _____

This form should be presented by responsible party at time of treatment.