



MEDICAL AUTHORIZATION FORM RESIDENTIAL CAMP 2019

I, _____, being the parent and/or legal guardian of _____ (hereinafter, my child(ren) do hereby authorize NCE director to seek and obtain medical care for my child in the event he/she needs medical care.

My child has the following allergies: (if applicable, please provide details and any ongoing treatment)

Condition/Allergy & Treatments

1.

2.

3.

I agree to be financially responsible for the cost of any medical care provided to my child under this Authorization.

My health insurance carrier is _____ and my Policy or Certificate number is _____.

Date _____

Signature of Parent (or Legal Guardian) _____ Witness

Signature _____