

MEDICAL INFORMATION & CONSENT FORM - CAMP TONGIL

THIS FORM MUST BE COMPLETED BY A PARENT OR GUARDIAN OF ALL YOUTH UNDER AGE 18, WHETHER STAFF OR WORKSHOP PARTICIPANT.

My child, _____, is hereby granted permission to participate in Camp Tongil.

I, the undersigned, hereby authorize the staff of Camp Tongil as our agents and give consent for medical or surgical treatment by any licensed physician or hospital in the state of Washington for our child when such treatment is deemed necessary by such physician and I cannot be reached within a reasonable time. Such consent may include, but is not limited to, administration of necessary anesthetics, medical treatment, tests, x-rays, transfusions, injections, or drugs and their performance of whatever operations may be deemed necessary or advisable. It is understood this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide the authority to consent thereto, as our said agent and my child's attending physician, in the exercise of their best judgment, may deem advisable. This authorization shall remain in effect until is released from Camp Tongil.

Please list any physical conditions that may affect participation or emergency first aid treatment:

Please list any known allergies to medication: _____

Does your child have hay fever, asthma or allergies (food, bee stings, etc.)? Yes No If "Yes", specify and list side effects: _____

My child may take an aspirin substitute for headaches or other minor aches. Yes No

Date of last tetanus immunization: MM / DD / YYYY

Child's date of birth: MM / DD / YYYY Weight: _____ Height: _____

Address _____ Home Phone () -

City _____ State ____ Zip _____ Work Phone () -

Parent/Guardian Name(s) _____ Cell Phone () -

Emergency Contact Person _____ Phone () -

Physician's Name _____ Phone () -

Address _____ City _____ State ____ Zip _____

Insurance Company _____ Policy Number _____

Subscriber Name _____ Group Number _____

My signature indicates that the above information is correct as supplied and the specific authorizations are approved.

Parent/Guardian Signature _____ Date MM / DD / YYYY

Please fill-out, sign, and email this form to:

Alena Avramenko alenavr95@gmail.com

Natalya Vilchitskaya nvilchitskaya@gmail.com