

# IMPORTANT

Dear Parents or Guardian:

Mountain Fork Christian Camp is required to present a notarized medical treatment authorization form to physicians and hospitals in order to guarantee treatment. Please complete the form below, have it notarized and send it to camp with your child.

## MEDICAL TREATMENT AUTHORIZATION

As parent/guardian of the mentioned child, I do hereby authorize the Directors or Assistant Directors of Mountain Fork Christian Camp to obtain medical attention in case of emergency. I understand that attempts will be made to contact me before such care is rendered. They are authorized to secure services which they deem necessary in the case of sickness or injury. All medical care will be administered by a duly licensed Doctor of Medicine or Registered Nurse.

Name of Child: \_\_\_\_\_ Cabin No. \_\_\_\_\_

My child has these allergies :( food & medications, etc.) \_\_\_\_\_

My child takes this medicine daily: \_\_\_\_\_

My child has these physical handicaps/illnesses: \_\_\_\_\_

Parent/Guardian telephone numbers: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Day Night

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_AD

\_\_\_\_\_, Notary Public

Commission expires \_\_\_\_\_