

St. Maron's Church
Bible Camp 2014 Medical Release Form

Purpose: To enable parents to authorize the emergency treatment for children who become ill or injured while under church authority when parents cannot be reached.

Doctor:.....Tel:.....
Dentist:.....Tel:.....
Local hospital:.....Tel:.....

Consent:

I hereby give consent for the following medical care providers and local hospital to be called:
In the event reasonable attempts to contact me at (tel#).....or (other parent)
.....at(tel#)have been unsuccessful, I hereby give my consent for
(1) the administration of any treatment deemed necessary by Dr. (preferred doctor)
.....or Dr. (preferred dentist)....., or in the event the designated
preferred practitioner is not available , by another licensed physician or dentist : and (2)the
transfer of the child to(preferred hospital) or any hospital reasonably
accessible.

This authorization does not cover major surgery unless the medical opinions of 2 other licensed
physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery
performed.

Facts concerning the child's medical history including allergies, medications being taken, and
any physical impairment(s) to which a physician should be alerted:.....
.....

.....
Date

.....
Signature of Parent