



CAMP CULTURAL LEADERSHIP

MEDICAL CONSENT FORM

This form must be completed and returned to Cultural Leadership prior to participation in ANY Cultural Leadership program.

STUDENT NAME _____ DATE OF BIRTH ____/____/____

STUDENT ADDRESS _____

PARENT/GUARDIAN NAME _____ PHONE #1 ____ - ____ - ____

PHONE #2 ____ - ____ - ____

PHONE #3 ____ - ____ - ____

OTHER CONTACT NAME _____ PHONE ____ - ____ - ____

FAMILY DOCTOR NAME _____ PHONE ____ - ____ - ____

HOSPITAL _____

CURRENT CONDITIONS
& MEDICATIONS _____

ALLERGIES TO FOOD OR
MEDICATION _____

DATE OF MOST RECENT TETANUS SHOT ____/____/____

INSURANCE COMPANY _____ PLAN # _____

POLICYHOLDER'S NAME _____

Medical services can be performed on a person under 18 years of age only with permission of the parent or guardian. In the event of serious illness or accident, every effort will be made to contact the parent or guardian. However, in the event that delay of treatment may be detrimental, authorization for consultation and treatment is requested. With this understanding, permission is hereby granted to perform emergency medical or surgical service during the period of this program. ALL expenses related to locating, acquiring, and providing medical services will be the responsibility of the parent and/or guardian. All participants must have their own health insurance.

SIGNATURE _____
(STUDENT)

DATE ____/____/____

SIGNATURE _____
(PARENT/GUARDIAN)

DATE ____/____/____