



LCA Summer Experience 2017 Parent Medical Authorization Form

Check all that apply:

Meadow Breeze Day Camp *Lions Sports Camps* *LCA Summer Academy*

Name of Participant _____
Last First M.I.

Home Address _____
Street Town State Zip

Parent or Guardian _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

If not available in an emergency, notify:

Name _____ Relationship _____

Home Phone: _____ Work/Cell: _____

Parents' Authorization: The health history disclosed in the registration is correct so far as I know and the person herein described has permission to engage in all camp activities, except as noted by me and the examining physician. In the event I cannot be reached in an **EMERGENCY**, I hereby give permission to the physician or his/her associated listed on the back of this form to hospitalize, secure proper treatment, and to order injection, anesthesia, or surgery for my child as named above.

X _____
Signature of Parent or Guardian Date

Please notify the camp, if this camper has been exposed to any communicable disease in the three weeks prior to camp attendance.