

## Maine Central Institute – Summer Camps

### Permission for Medical Treatment

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If your child requires immediate medical services such as prescription medications or an emergency evaluation, he/she will be transported to the nearest medical center or hospital. Payment for services will be the responsibility of the parent or guardian. To provide these services, the attending physician will require Permission to Treat Statement and insurance information. The Summer Camp leader at the event will contact you at the earliest possible time in the event of an emergency.

Camper Name: \_\_\_\_\_  
Family/Child Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Medical Center or Clinic Used: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_  
Parent/Guardian Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Parent/Guardian Phone Numbers: (all that apply):  
Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_  
Alternative Contact (relative or family friend that we may contact if we can't reach parent/guardian)  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Health concerns that the camp leaders should be aware of (e.g. allergies to medicine, asthma, etc.):

Note: Please list physical, emotional, behavioral issues our staff will need to know about. If your child needs special attention or services in a school, she/he will likely have those needs at camp as well. We will work with parents/guardians to address special needs. Attach additional as needed:

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Medications to be administered at camp: (Must be supplied in original prescription container with child's name clearly visible on container: \_\_\_\_\_

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_ give my permission for emergency transport and medical treatment to be administered to him/her by a physician or other certified emergency personnel.

_____	_____	Permission effective until: _____
Date	Parent of Guardian Signature	Date

**Please Return To:**

**Scott Giallombardo**  
**295 Main Street**  
**Pittsfield, ME. 04967**

\* Maine Central Institute does not maintain, nor is required to maintain, medically trained professionals at our day camps.