

Mikey's Camp

Authorization for Emergency Medical Treatment

Should a medical emergency arise during my participation in a Mikey's Camp activity and I am unable to speak for myself, I consent to:

1. the administration of medical treatment and/or surgical procedures deemed necessary by the medical doctor and/or medical facility identified below or chosen by the Camp Director and Camp Physician/RN.
2. the immediate administration of life-sustaining measures deemed necessary under the circumstances.

Signature _____ Date _____
Please print, then sign

Preferred medical doctor/facility _____

Address

Phone # _____

Insurance Company _____

Policy # _____

Policy Holder's Name _____

Camper's Name _____
Please print