

Dear Staff Member,

We ask that you complete the following Emergency Treatment Permission Form in addition to the regular Medical Form. We will use this condensed form to send with you when you go on trips out of camp. All Fernwood Trip Leaders are carefully selected for their maturity and experience, and are trained in emergency procedures during our pre-camp staff training. On each trip that leaves camp, there is a staff member certified in First Aid, and a Lifeguard on any trips where campers may be swimming. Each trip is also equipped with a First Aid kit.

In all cases, Trip Leaders are instructed to call camp immediately if there has been an accident or injury sustained by a camper or counselor. All attempts will be made by the directors to contact you, or the person you have designated as the emergency contact, and arrange for you/them to speak personally with any medical personnel involved with treatment for you.

This is not intended to be a comprehensive health form, and in all cases the complete health form will be faxed to your physician as soon as we are notified of an emergency. Please provide only details of allergies which may impact on emergency treatment (e.g. insect stings, penicillin), and any medications taken on a regular basis.

Thank you for your cooperation!

**STAFF MAY NOT LEAVE CAMP ON TRIPS WITHOUT A SIGNED COPY OF THIS FORM ON FILE.
PLEASE BE CERTAIN THAT THIS FORM IS RETURNED BY MAY 15th.**

Camp Fernwood 6035 Goshen Rd., Newtown Square, PA. 19073

STAFF EMERGENCY TREATMENT PERMISSION FORM

Full Name of Staff: _____ Date of Birth _____ / _____ / _____

Month / Day / Year

Allergies (which may affect emergency treatment)

Medications (taken on a regular basis)

Permission to provide necessary treatment or Emergency Care

I hereby give permission to the medical personnel selected by Camp Fernwood to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me or my child. I hereby authorize Camp Fernwood to order any treatment necessary. I give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed waiver form may be photocopied for trips out of camp.

Signature of parent or guardian _____

Witness _____ Date _____ / _____ / _____

*** Complete Medical History will be faxed immediately to the attending physician upon
Calling Camp Fernwood (207) 998-4346.**

***Insurance: Children are covered by Camp Fernwood insurance for non pre-existing
illness and injury while in camp or on any trip organized by camp.**