

Dear Parents,

**CAMPERS MAY NOT LEAVE CAMP ON TRIPS WITHOUT A SIGNED COPY OF THIS FORM ON FILE!**

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 your child 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 your daughter.

This is not intended to be a comprehensive health form, and in all cases the complete health form will be faxed to the physician attending your daughter 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!

**PLEASE BE CERTAIN THAT THIS FORM IS RETURNED BY MARCH 15**

**No Physician information or signature necessary on this form.**

**Requires signature of Parent/Guardian, and completion of allergy and medication information.**

**RETURN TO: Camp Fernwood, 6035 Goshen Road, Newtown Square, PA 19073**

**CAMPER EMERGENCY TREATMENT PERMISSION FORM**

Full Name of Camper: \_\_\_\_\_ 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 Directors of Camp Fernwood, or their selected staff medical personnel, to order X-rays, routine tests, treatment; to release any records necessary for treatment or insurance purposes; and to provide or arrange necessary related transportation for 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 \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**\*Attending physician:** For fax of complete medical history , please call Camp Fernwood.

**\*Insurance:** Camper's personal Health insurance policy information is on file with Camp Fernwood.

**Camp Fernwood phone: 207-998-4346**