

Medical Form III
(Doctor's Signature Required)

Authorization to Administer Emergency Medical
Treatment and Authorization to Administer First Aid
Treatment including Non- Prescription Medication

Effective Dates: JUNE 24, 2024 - August 9, 2024

Name of Camper/Volunteer _____

Address _____

Date of Birth _____

Age _____

Parent / Guardian's Signature _____

Relationship to Camper/Volunteer _____

Doctor's Signature _____

**Doctor's Signature is Required per State
Department of Health Regulations. Thank you.**