

***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 26, 2023 - August 11, 2023

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.**