

# Greenwood Hills Community Club

## Mini - Masters Art Camp

### Emergency Contact and Child Medical Information

(please complete and return to GHCC - one form per child please)

#### Authority to Provide Medical Assistance:

In the event that medical help is needed I, \_\_\_\_\_

Hereby grant GHCC Camp Guides/Lifeguards the power to act in my place to see that such medical assistance is provided as required.

Child's Name: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone #: \_\_\_\_\_

Child's Allergies, if any: \_\_\_\_\_

What else should we know about your child? Please write additional information about your child's health that may impact your child's participation in our program:

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#### Parent/Guardian Authorization:

This information is correct and the child described has permission to participate in all camp activities except as noted on this form. I understand that the camp has limited healthcare on site and that staff will call the emergency contact **(a)** in an emergency, **(b)** if questions about my child's health may arise, and/or **(c)** when my child is unable to continue because of injury or illness. I acknowledge that the camp guides/life guards will administer first aid/medical assistance as described and that information on this form will be shared with staff on a need-to-know basis.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_