



PARENTAL CONSENT

Please complete the following information in order to enable healthcare facilities in Louisville to provide prompt emergency care to your minor child in the event of an accident, injury or illness.

Camper Name: _____

Person to notify in case of emergency: _____

Relationship: _____ Phone: _____

Special Medical Concerns / Allergies / Injuries:

Child's Physician: _____ Physician's Phone: _____

Insurance Company: _____ Policy #: _____

Name of Policy Holder: _____

Signature of Parent/Guardian: _____

Date: _____