

CAMP CRANIUM 2010

PERMISSION TO PROVIDE EMERGENCY TREATMENT

To Whom It May Concern:

In the event of an emergency, I hereby authorize Geisinger Medical Center
Emergency Department in Danville, PA to provide necessary emergency care for my
child _____ (Date of Birth _____) during their attendance at
CAMP CRANIUM in Millville, PA from June 14th through June 18th, 2010.

My child's primary physician is:

Physician's name: _____

Address: _____

Phone number: _____

My child does/does not have a medical record on file at Geisinger Medical Center
In Danville, PA. My child's medical record number is: _____.

Signature of Parent/Guardian: _____

Address: _____

Emergency phone numbers: Home: _____

Work: _____

Cell: _____

Date: _____

EMERGENCY CONTACT INFORMATION

Primary Contact

Name: _____ Relationship: _____

Daytime Phone: () _____

Evening Phone: () _____

Alternate Contact

Name: _____ Relationship: _____

Daytime Phone: () _____

Evening Phone: () _____

Alternate Contact

Name: _____ Relationship: _____

Daytime Phone: () _____

Evening Phone: () _____

Insurance Information

Name of Subscriber: _____

Name of Insurance: _____

Policy Number: _____

Effective Dates: _____