

## MEDICAL COVERAGE AND HEALTH CARE PERMISSION

This health form constitutes a permission slip, and must be completed and signed by a parent or guardian. The completed form must be with you on the day of arrival at the camp and is confidential. The form must be available to the TN QU Regional Director and Chaperones attending the camp.

Camper's Name \_\_\_\_\_ DOB \_\_\_\_\_

Street Address \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Camper resides with: Both Parents: ( ) Father ( ) Mother ( ) Other ( )

Father's Full Name \_\_\_\_\_ Res. Phone \_\_\_\_\_ Bus/Cell \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Res. Phone \_\_\_\_\_ Bus/Cell \_\_\_\_\_

Guardian's Full Name \_\_\_\_\_ Res. Phone \_\_\_\_\_ Bus/Cell \_\_\_\_\_

Alternate responsible person in case of emergency if parent/guardian is not available;

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Business/Cell Phone \_\_\_\_\_

Hospital and Medical insurance coverage \_\_\_\_\_

Name of policyholder \_\_\_\_\_ Policy No. \_\_\_\_\_

### Authorization

I hereby authorize Quail Unlimited, Inc. to direct qualified healthcare professionals to diagnose, immunize, anesthetize, perform surgery, and any other appropriate medical treatment or counseling for my child or ward. In rare instances a surgical emergency arise, in which written consent by the parent or guardian legally is required but that person cannot be located. In this event and in order to avoid a delay which might jeopardize the life or recovery of a camper, we request the following permission from the parent or guardian, with the understanding that every effort will be made to contact them in an emergency.

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Relationship \_\_\_\_\_