



大紐約區中華文化夏令營 Metropolitan Chinese Culture Camp

Medical Form Part A (Parent Form)

CAMPER'S NAME _____ DATE OF BIRTH _____ AGE AT CAMP _____ **MALE**
FEMALE

CAMPER'S HOME ADDRESS _____
Street City State Zip

PARENT or GUARDIAN _____

HOME ADDRESS _____ HOME PHONE _____
Street City State Zip

WORK ADDRESS _____ WORK PHONE _____
Street City State Zip

SECOND PARENT or GUARDIAN _____

HOME ADDRESS _____ HOME PHONE _____
Street City State Zip

WORK ADDRESS _____ WORK PHONE _____
Street City State Zip

CELL PHONE _____

HOME PHONE _____

WORK PHONE _____

CELL PHONE _____

EMERGENCY CONTACT (IF PARENTS or GUARDIANS UNAVAILABLE) _____

Relationship to Camper _____ HOME PHONE _____ WORK PHONE _____
Address _____

Street City State or Country Zip CELL PHONE _____

MEDICAL CONSENT FORM (to be signed by parent or guardian)

This health history is correct and complete as far as I know. The described on this form has permission to engage in all Camp activities except as noted.

I hereby give permission to the Camp Director or medical personnel selected by the Camp Director, to provide, seek, and consent to routine health care, administration of prescribed medications and non-prescription medications (as noted on this form), dental work where needed, and any treatment for my child as may be necessary, including, but not limited to x-rays, routine tests and treatment, and/or hospitalization. I also give permission to the camp to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

It is my intention that the camp be treated as acting *in loco parentis* for the camper named on this form. Further, it is my intention to have the appropriate representatives of the camp be treated as "personal representatives" for disclosing protected camper health information pursuant to the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996. I hereby agree to the disclosure to camp representatives of the protected health information of the camper described herein as necessary:

- (i) to provide relevant information to the camp representatives related to camper's ability to participate in camp activities; and
- (ii) to provide relevant information to the camp representatives to keep me informed of my child's health status.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the camper named on this form. This completed form may be photocopied for use on trips out of camp.

Date _____ Parent's/Guardian's Signature _____

Parent's/Guardian's Printed Name _____