

**Good Shepherd Catholic School
75 Shepherd Way Frankfort, KY 40601
Consent for Medical Treatment
K-8 Summer Camp 2018**

As a parent or guardian I grant permission to allow the staff and volunteers of the GSCS Summer Camp 2018 to make decisions for emergency treatment, first aid, or hospitalization for my child if necessary. I understand that if an emergency should arise I will be notified first, but if I am unavailable to be reached by phone, such medical treatment as deemed necessary by trained and competent medical personnel is authorized.

I understand that this is a legally binding release and consent that camp activities are provided in consideration for this signed release and consent.

I have carefully read this Consent for Medical Treatment form and fully understand and agree to its contents. I grant the staff of Good Shepherd Catholic School Summer Camp 2018 the power to act on my behalf in seeking medical attention for my child(ren).

Print Child(ren)'s Name(s) _____ **Age** _____
_____ **Age** _____
_____ **Age** _____

Print Parent/Guardian's Name _____

Parent/Guardian's Signature _____

Date _____

Medical Insurance Information:

Name on Card _____

Name of Carrier _____

ID Number _____ **Group Number** _____

Medical and/or Special Conditions:

Allergies/Medications:

Physician _____ **Office Phone No.** _____