

Seguin RCA Camp Emergency Medical Treatment Authorization

In case of an accident or illness involving _____

I hereby authorize Seguin RCA to act on behalf of me, the guardian or parent of the above named individual, in the event I cannot be reached to provide verbal or written authorization in a medical emergency. I further give my consent for Seguin RCA to authorize the physician/hospital to perform such medical treatment as may be necessary in the event I cannot be reached.

Parent/Legal Guardian signature

Date

Witness signature

Date

Persons to be contacted in the event of an emergency:

Name: _____
Relationship to above named person: _____
Address: _____
_____ City/State/Zip _____
Telephone: (Cell) _____
(Home) _____

Name: _____
Relationship to above named person: _____
Address: _____
_____ City/State/Zip _____
Telephone: (Cell) _____
(Home) _____