

VAJTA AND JAMES MADISON UNIVERSITY
jCamp and Virginia Regional Governor's School
EMERGENCY MEDICAL TREATMENT PERMISSION FORM

I give permission for the camp director(s) or his/her designee to seek emergency medical treatment for _____ in the event of a sudden illness or injury that precludes notifying a parent or guardian. I will not hold VAJTA or James Madison University financially responsible for the emergency care and/or transportation.

Please provide the following pertinent medical information:

Name of Insurance Company: _____

Insurance Policy Number: _____

Health Information: List any health conditions such as heart disease, diabetes, seizure disorders, severe allergies, eye or ear problems, any chronic condition, etc.:

Medication: List any medication and dosage taken regularly such as an inhaler, insulin, antibiotics, etc.

In case of an emergency, please notify:

<u>NAME</u>	<u>HOME PHONE</u>	<u>WORK PHONE</u>
Mother _____		
Father _____		
Other _____		

I have read and discussed the rule reminders with my child and I realize that all home base school rules apply at all times during this camp. I also am aware that for my child's protection, his/her luggage and belongings may be searched.

Signature of Parent or Guardian

Date