

ADULT MEDICAL EMERGENCY FORM

In order to participate in special Camp Fire activities, all adults accompanying youths must complete a medical form. This permanent record card should be kept with the group's records to be given to the adult in charge of the activity.

Please fill out the information requested below and on the reverse side and return the card to the group leader/coordinator. Thanks for your cooperation.

Adult's Name _____ P.M./home Phone _____

Spouse's Name _____ Work/day Phone _____

Address _____ City _____ Zip _____

Family Physician _____ Phone _____

Person to be Contacted in Emergency _____ P.M./home Phone _____

Relationship _____ Work/day Phone _____

List special medical problems, allergies, etc. _____

Dates of current immunization, tetanus, etc. _____

MEDICAL CARE AUTHORIZATION - I will make certain that I am in good health at the time of the activities. In case of medical or surgical emergency I hereby give my permission to the physician secured by the adult in charge of the activity to hospitalize, secure treatment for and to order injection, anesthesia or surgery for me. In the event any such treatment is not covered by insurance applicable to the activities I will pay the expenses incurred in such emergency treatment.

ADULT'S RESPONSIBILITY - I will take the responsibility to see that I am properly prepared for all activities including having the proper clothes and equipment, and being in good health, and will inform the supervisor of any particular physical, mental, social or other condition of which the supervisor should be aware.

PHOTO RELEASE - In the event that I am photographed, filmed or recorded while participating in Camp Fire activities, Camp Fire USA or other partnering organizations approved by Camp Fire may use the photo, film, or recording for publicity, promotional, or instructional purposes.

I have read and understand the above statements.

Signature _____ Date _____

