

EMERGENCY CARD

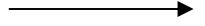
Saturday Club

Child's Name _____
 Parent/Guardian _____ Physician _____ Phone(_____) _____
 Home Address _____ Dentist _____ Phone(_____) _____
 City _____ Medical/Dental Ins. Co. _____
 Home Phone (_____) _____ Group # _____ Member # _____
 Work (_____) _____ Cell (_____) _____ Medical alert (allergies, etc.): _____

Parent/Guardian _____ Person(s) who can assume responsibility for your child if
 Home Address _____ parent/guardian can't be reached:
 City _____ Name _____
 Home Phone (_____) _____ Address _____
 Work (_____) _____ Cell (_____) _____ Phone _____
 Name _____
 Address _____
 Phone _____



Camp Fire USA



Child's Name _____

I hereby give permission for my child to attend Camp Fire USA Programs.

I hereby give permission for my child to participate in all activities and field trips. I also give permission for my child to travel in vehicles operated by Camp Fire USA staff, by METRO Transit system, private transportation companies and/or vehicles. Drivers will be required to be licensed and fully insured. Transportation safety policies will be followed and Emergency Cards will be taken along during field trips.

I hereby give consent that my child be given emergency treatment including First Aid/CPR by a qualified staff member of Camp Fire USA. I also give consent for my child to be treated by emergency personnel and/or transported to an emergency center or hospital for treatment. In the event I cannot be contacted, I further consent to the medical, dental, surgical and hospital care, treatment and procedures to be performed for my child at my expense by a licensed physician, dentist, or hospital selected when deemed necessary or advisable to safeguard my child's health. I waive my right of informed consent to such treatment. I certify that I am the parent or legal guardian of the above-named child and that I have the legal authority to consent to such activities and actions.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____
(required)