



Southwoods Authorization Form



Southwoods Note: This form is to accompany the camper named herein on trips out of camp and/or treatment in the event of any emergency.

Name of Camper: _____

Date of Birth: _____

Home Address: _____

Home Phone: _____

Family Physician's Name: _____

Physicians Address: _____

Physician's Phone: _____

Date of Tetanus Booster: _____

Drug Allergies/Restrictions (list all): _____

Is your child covered by your own hospitalization insurance? Yes / No

a) Name of Insurance company _____

b) Policy or group number _____

c) If group, name of group _____

d) RX Bin # _____

I authorize Andrea or Scott Ralls, Directors, or their designated representative to act on my behalf in authorizing emergency medical, dental or surgical care and hospitalization for the above named minor during the period of my absence. This document will be presented to a physician, dentist or appropriate hospital representative at such time as necessary.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Date: _____