

Florida College Missouri Camp

Medical Release Form

Please complete a separate form for each child, even if they are in the same family.

In conjunction with the medical history that was provided as a part of the online registration form,

I HEREBY AUTHORIZE PHYSICIANS AND NURSES AND ASSISTANTS OF THE LOCAL HOSPITAL TO PERFORM ALL TREATMENTS AND PROCEDURES AS ORDERED AND DEEMED NECESSARY IN CASE OF AN EMERGENCY UPON:

Camper's name _____

Camper's Social Security Number _____

NOTE: This is not required; however, if your camper has to go to the hospital they will need it at the time of check-in.

Parent/Guardian Signature _____

Parent/Guardian Printed Name _____

Relationship to camper _____

Date _____

Camper's Insurance Information

Insurance Provider (Company) _____

Policy Holder _____

Policy Number _____

Please send a copy of your insurance card.

Please mail this form to: Ryan & Becky Boyer
657 Hill Dr.
Eureka, MO 63025

