

# Parental Consent For Emergency Medical Care

WAVE Surf Camp, First Church of the Nazarene, 1009 S. Briggs Street, Joliet, IL 60433  
Phone: (815) 726-5426 FAX: (815) 726-1029 Email: wavesurfcamp@gmail.com

## PERSONAL DATA - CAMPER

Full Legal Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Street Address or P.O. Box \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Date of Birth \_\_\_\_\_

## HEALTH EMERGENCY INFORMATION - PERSON TO CONTACT

In case of emergency please notify \_\_\_\_\_

Relation to camper \_\_\_\_\_

Telephone HM ( ) \_\_\_\_\_ WK ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Current Health Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_ Family Physican \_\_\_\_\_

Physican's telephone \_\_\_\_\_

Any medical conditions the WAVE staff needs to be aware of (allergies, medications, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PLEASE READ BEFORE SIGNING

The undersigned hereby grants permission for WAVE Surf Camp staff to access necessary emergency medical attention in case of injury and/or illness. I further accept financial responsibility for necessary treatment and service.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_