



Camp Lotsafun provides therapeutic, recreational, and educational opportunities for individuals with disabilities.

Doctor Parent Authorization

Camper Name _____

Date of Birth _____

DOCTOR AUTHORIZATION

I hereby state that the above named is currently under my care, is free of communicable disease, and is healthy enough to participate in camp activities.

I also state that I have reviewed the prescription and non prescription medications this individual will be taking at camp and have deemed them to be appropriate.

Physician Name _____

Office Phone _____ Emergency Phone _____

Signature _____ **Date** _____

PARENT GUARDIAN AUTHORIZATION

I have read the Release of Liability and Assumption of Risk Form as written in the electronic registration form. By signing this Authorization Form I acknowledge that I have read, understand, and agree with the terms of the Release of Liability and Assumption of Risk policy.

Parent Guardian Name _____

Home Phone _____ Emergency Phone _____

Signature _____ **Date** _____

ATTACHMENT

A copy of the camper's Medical Insurance Card must be attached to this form. Please copy front and back on a single sheet.