



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

### **Doctor Parent Authorization**

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**Camper Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

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#### **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** \_\_\_\_\_

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#### **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** \_\_\_\_\_

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#### **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.**