



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

### Authorization for Treatment

To be completed by parent or guardian for each camper

**YOU MUST RETURN THIS COMPLETED, SIGNED FORM WITH A NOTARY SIGNATURE AND SEAL OR YOUR CAMPER WILL NOT BE PERMITTED TO STAY AT CAMP.**

In consideration of this camping opportunity, applicant does thereby agree to indemnify and hold the Beyond the Horizon Corporation and Camp Horizon harmless from any claims for accident or injury sustained by the camper named in this form while attending or participating in any Camp Horizon program on or off the Camp Horizon premises.

I further consent to any routine or non-surgical medical care that my child may be required to have either due to circumstances previous to or during the camp sessions.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the individual in charge to hospitalize, secure proper treatment for and to order injection, anesthesia, or surgery for my child as named above.

To be in effect, please have these forms notarized.

Health Insurance Carrier \_\_\_\_\_

Health Insurance Carrier's  
Address and Phone Number \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ Policy Number \_\_\_\_\_

Signature of Policy Holder \_\_\_\_\_

Please attach a photocopy of you child's medical insurance card. Include a **front and back** copy of the card.

\_\_\_\_\_  
Print Camper's Name

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Signature/Seal of Notary

\_\_\_\_\_  
Date

In case of emergency, we will make every effort to contact parent/legal guardian, and/or your designee.