



# Camp Hawkeye

## TREATMENT CONSENT FORM

This form has been created to provide Camp Hawkeye with permission to provide, initiate, or approve health care and treatment, emergency or otherwise, for your child. This includes, but is not limited to; care provided by the Camp Nurse, Health Care Consultant, Local Pediatric Center and its affiliated or partner organizations, and Area Hospitals or other emergency or referred clinics. By signing this form you are giving consent for Camp Hawkeye and the healthcare organizations which it approves to treat your child during their time at camp.

This consent form will apply until one week after the close of camp on Saturday August 21, 2010. Thank you!

Camper's Full Name \_\_\_\_\_ Number of Years attending Hawkeye \_\_\_\_\_

Male  Female Height \_\_\_\_\_ Weight \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

### Parent/Guardian Contact Information

Parent/Guardian's Full Name(s) \_\_\_\_\_  
Street \_\_\_\_\_ Apartment # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_  
Parent's E-Mail \_\_\_\_\_

### Insurance Information

**Each camper MUST provide proof of insurance and include a copy of the front & back of his/her insurance card.**

Primary Insurance Carrier \_\_\_\_\_ Phone \_\_\_\_\_  
Billing Address \_\_\_\_\_  
Primary Holder Name \_\_\_\_\_ Policy # \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

www.camphawkeye.com