

Child's Name _____

I hereby give permission to the medical personnel selected by the camp to hospitalize, secure proper emergency treatment for, and in pursuit thereof to order injections, x-rays, dental work, anesthesia or surgery for my child as named above.

I hereby give permission for my child to participate in all wilderness hiking, boating, and swimming trips off camp property.

Signature _____ Date _____

**Camp Treetops, Lake Placid, New York
(518) 523-9329 Karen Culpepper, Camp Director**

**Complete Both Sides of Both Cards and return.
Two Cards are needed for each camper.**

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Subscriber's Insurance Information

Policy Holder's Name _____

Policy Holder's DOB _____

Policy Holder's ID# _____

Employer _____

Insurance Name, Address & Phone # _____

List below any allergies and/or medical conditions:

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Policy Holder's Name _____

Policy Holder's DOB _____

Policy Holder's ID# _____

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