

MEDICAL CONSENT FORM Parent/Guardian's Information

Full name(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Child's Information

Full Name: \_\_\_\_\_  
Name Called: \_\_\_\_\_  
Address: \_\_\_\_\_  
Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

If your child is going to be picked up by someone other than you...

Full Name: \_\_\_\_\_  
Phone # \_\_\_\_\_

The location for this consent: TRUE Daughters Camp/ Camp Weaver, Greensboro, NC

MD Information/Dentist Information

Full Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone # \_\_\_\_\_  
Health INS Policy # \_\_\_\_\_  
Allergies \_\_\_\_\_

Current Meds or Treatments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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