

Susquehanna Valley Football Team Camp
Advanced Registration
PART 2
EMERGENCY TREATMENT RELEASE FORM
TO BE COMPLETED BY PARENT OR GUARDIAN, TYPE OR PRINT IN INK ONLY

Last Name	First Name	M.I.
_____ () _____ () _____		
School	Mother's Daytime Phone	Father's Daytime Phone

In the event that I am unavailable for the purpose of providing parental consent, I hereby authorize the physician(s) and staff at the local hospital to provide such care that routine diagnostic procedures and medical treatment as necessary to my minor son/daughter. I understand the consent and authorization herein granted do not include major surgical procedures and are only valid during camp.

Physical conditions that the physician should be aware of: allergies, recurring illness, disabilities, chronic illness, etc.

Date of most recent tetanus immunization: _____ (if more than 10 years ago, a booster is recommended)
I understand that I will be contacted during the child's examination in the emergency department.

If I am not available, contact: _____ Phone: () _____

My family physician is: _____ Phone: () _____

Insurance Company Name: _____

Policy Number: _____

Group Number: _____

Father or Mother's name that the insurance is under: _____

Insured Birthdate: _____

Place of Employment: _____

Parent/Guardian's Name (Please Print)	Signature	Date
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Medical Insurance: This camp does not provide medical insurance for campers. In the event of illness or injury requiring treatment or hospitalization, family medical insurance must be used. Parents will be billed directly for any medical care given at the College Health Center or local hospital.

Cancellation/ Refund Policy: If you do not notify SVS Inc. in writing at least one week before the start of camp there will be no refund. There will be No Exceptions. A \$100.00 service charge will be applied to all cancellations for overnight campers and \$50.00 for commuters. All refund checks will be mailed at the end of August.