



Camp Lotsafun - Doctor / Parent Authorization

Camper Name: _____

Date of Birth: _____

DOCTOR AUTHORIZATION

I hereby state that the above named is currently under my care, is free of communicable disease, and is healthy enough to participate in camp activities.

I also state that I have reviewed the prescription and non prescription medications this individual will be taking at camp and have deemed them to be appropriate.

Physician Name: _____

Office Phone: _____ Emergency Phone: _____

Signature: _____ Date: _____

PARENT GUARDIAN AUTHORIZATION

I have read the Release of Liability and Assumption of Risk Form as written in the electronic registration form. By signing this Authorization Form I acknowledge that I have read, understand, and agree with the terms of the Release of Liability and Assumption of Risk policy.

Parent/Guardian Name: _____

Home Phone: _____ Emergency Phone: _____

Signature: _____ Date: _____

A copy of the camper's Medical Insurance Card must be attached to this form. Please copy front and back on a single sheet.

Mailing Address **Amplify Life, P.O. Box 7178, Reno, NV 89510 Fax**
775-827-0334

Email **Gayla@amplifylife.org**

