

GRAND VIEW HOSPITAL
Sellersville, PA

Date: _____

I hereby give permission to the Emergency Room at Grand View Hospital, Sellersville, PA to treat my son/daughter
named: _____ while a camper at Camp: _____

from (Starting date): _____ to (Ending date): _____

I understand this permission covers the average camp emergency such as sprain, cut, bruise, scrape, bump, skin
rash such as impetigo, poison oak or ivy, bites such as bee sting and snake bites, allergic reactions, foreign bodies
in eyes or skin, upset stomach, diarrhea, pink eye, minor burns, fevers, diagnostic x-rays, suturing and the like.

I also understand that in cases of major significance such as fracture, an appendectomy, or any illness or injury
requiring regular admission to the hospital that additional consents will be necessary for treatment and that the
hospital will make every attempt to try and reach me.

My child is allergic to the following drugs: _____

I also give permission for my child to receive a tetanus booster if needed. His/Her last tetanus immunization was
on

(Date): _____

Authorization is hereby given to my Insurance Company: _____ to provide
any information needed to complete the hospitalization claim.

Finally, I understand that in cases of acute emergency when hospital personnel have attempted to notify me and are
unable to reach me, that this permission form will suffice for treatment until such time as I am able to be reached.

Parent Name (print): _____

Parent Signature: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____