

**2010 Authorization for Treatment  
On-site Meds & Emergency Contact Information**

**All forms MUST be read, completed, signed by a parent or legal guardian, and on file with the Camp ROC Star Main Office prior to your child's first day of camp. All campers MUST provide a current Immunization Record to attend camp.**

Campus location \_\_\_\_\_

Date(s) attending \_\_\_\_\_

Camper First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Daytime Ph: (\_\_\_\_\_) \_\_\_\_\_

Evening Ph: (\_\_\_\_\_) \_\_\_\_\_

In Case of Emergency (*and I cannot be reached*) please notify:

**Emergency Contact #1 Name:** \_\_\_\_\_

Relationship \_\_\_\_\_

Ph: (\_\_\_\_\_) \_\_\_\_\_

Alternate Ph: (\_\_\_\_\_) \_\_\_\_\_

**Emergency Contact #2 Name:** \_\_\_\_\_

Relationship \_\_\_\_\_

Ph: (\_\_\_\_\_) \_\_\_\_\_

Alternate Ph: (\_\_\_\_\_) \_\_\_\_\_

**Attention Parents:** Camp ROC Star is a unique learning situation where individual expression and teamwork go hand in hand. In order to help your child get the most out of their time at Camp ROC Star, we ask that you provide us with personal information regarding any learning, behavioral, or personal difficulties they may have. Please include this on a separate piece of paper and attach it to the health form. Any information you provide will be kept in confidence and will only be used to help provide a healthy learning environment for your child. If we are not aware of your child's needs, we cannot help. With your help, we can make this program one of the most enjoyable educational experiences that your child will ever have.

List any **medications** being taken by your child on a regular basis including non-prescription drugs. Make sure that the child arrives at Camp ROC Star each day with the exact amount of medication needed for that day. Keep all medications in their original packaging or pharmacy bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage and frequency of administration. All medications must be given to the camp Director or Administrative Assistant when the child arrives each day.

My child takes no medication \_\_\_\_\_

My child takes the following medication(s). Attach an additional piece of paper if more space is needed:

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Specific time(s) of  
day \_\_\_\_\_

Reason for medication:  
\_\_\_\_\_

Camper's Primary Physician: \_\_\_\_\_

Ph: \_\_\_\_\_

Address: \_\_\_\_\_

**Release for Treatment:** This health form is correct to the best of my knowledge, and the camper named above has permission to participate in all camp activities except as noted by the examining physician or myself. I hereby give permission to the medical personnel selected by the Camp Director to order x-rays, routine tests, and treatment for my child, and, in the event that I and my emergency contact or Physician cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, order injection and/or anesthesia and/or surgery for my child as named above. I understand that an attempt will be made to contact me in the event that medical care is needed, and that I am responsible for all medical costs incurred in treating my child.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**ATTENTION:** Under state law all medications must be administered through the Camp ROC Star camp Director or Administrative Assistant and must be provided in original packaging or clearly marked pharmacy container.

**To complete your camper's registration, please send completed forms  
by MAIL to: Camp ROC Star, 99 Copperfield Road, Rochester, NY 14615  
or FAX to: 585-279-8191 or E-MAIL to: customerservice@camprocstar.com**