

**Houston Chinese Youth Camp
Medical Authorization**

I, the undersigned parent or legal guardian of _____ (the "Participant"), do hereby authorize Houston Chinese Youth Camp and its agents or representatives to consent, on my behalf, to any medical/hospital care or treatment to be rendered to him or her upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

Executed on the _____ day of _____, 2020.

CYC Parent or Legal Guardian Signature

Printed Name

ALLGERGIES, MEDICATION AND OTHER MEDICAL CONDITIONS

Known Drug and Food Allergies:

Known Medical Conditions:

Current Medications Taken (include drug name, dose, and frequency):

EMERGENCY CONTACT INFORMATION

Parent Home Number: _____

Parent Cell Number: _____

Parent Alternate Number: _____

Alternate Contact Person: _____

Phone Number: _____

Medical Insurance Provider: _____

Policy and Group Number: _____