

**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 \_\_\_\_\_, 2022.

\_\_\_\_\_  
CYC Parent or Legal Guardian Signature

\_\_\_\_\_  
Printed Name

**ALLERGIES, 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: \_\_\_\_\_