

HAMMOND

summer programs

EMERGENCY MEDICAL AUTHORIZATION FORM 2026

Junior Counselor Leadership Program

I, _____, hereby authorize 2026 Hammond Summer Programs, in the event of an emergency, to seek medical treatment for my child _____.

The 2026 Hammond Summer Programs is also authorized to transport my child to the Richland Memorial Hospital, if I cannot be reached. I agree to assume responsibility for payment of any, and all emergency treatment and transportation. I agree to keep the Director of Hammond Auxiliary Programs informed at all times of any telephone numbers where a preferred physician or I may be reached.

I understand that accidents or injuries may occur while attending camp or taking part in the Hammond Summer Programs. In such cases parents are notified immediately. In the event that parents cannot be reached, the person(s) indicated on our emergency medical forms, or the family physician will be contacted. In all cases, first aid will be administered with the greatest of care. We will err on the side of calling parents rather than not calling when children are treated in our sick room. In the event of an emergency during which parents or other designated persons cannot be reached, the completed health form authorizes the school to seek treatment from a qualified physician at Richland Memorial Hospital. The Director of Auxiliary Programs or director designee will ride in an ambulance with the child to seek professional medical attention. The child's personal records will be taken with the child and our emergency-staffing plan will be used, if necessary. The Director of Auxiliary Programs or director designee shall remain with the child until a parent/guardian is able to arrive.

Insurance Company Policy Number Group Number

Parent/Guardian Name

Date

Director of Auxiliary Programs

Date