



# Southwoods Authorization Form

(Note: This form is to accompany the camper named herein on trips out of camp and/or treatment in the event of any emergency.)

Name of Camper: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Family Physician's Name: \_\_\_\_\_

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

Physician's Phone: \_\_\_\_\_

Date of Tetanus Booster \_\_\_\_\_

Drug Allergies (list) \_\_\_\_\_  
\_\_\_\_\_

Is your child covered by your own hospitalization insurance? \_\_\_\_\_

If YES:

a) Name of Insurance company \_\_\_\_\_

b) Policy or group number \_\_\_\_\_

c) If group, name of group \_\_\_\_\_

I authorize Andrea or Scott Ralls, Directors, or their designated representative to act on my behalf in authorizing emergency medical, dental or surgical care and hospitalization for the above named minor during the period of my absence. This document will be presented to a physician, dentist or appropriate hospital representative at such time as necessary.

Mother's Signature \_\_\_\_\_

Father's Signature \_\_\_\_\_

Date \_\_\_\_\_

White Copy = Office  
Yellow Copy = Health Center  
Pink Copy = TREK