

**Camp Pristava 2025**  
**CAMP PRISTAVA EMERGENCY MEDICAL AUTHORIZATION**  
JULY 14 – 20, 2025

\_\_\_\_\_, as parent(s)/guardian of \_\_\_\_\_, a minor, grant authority to Francis Kosir, and to the Staff of Camp Pristava to seek medical care, if necessary, for \_\_\_\_\_ should he/she become ill or injured while he/she is in their custody and care the week of July 14 - 20, 2025 at Camp Pristava, Harpersfield, Ohio, and I consent to necessary medical treatment by the physician/dentist to whom my child is presented for medical care. The Camp Staff may give either aspirin, Tylenol, Aleve, Motrin, or other over-the-counter products for aches, pains, rashes, and other ailments as well as care for cuts and bruises. If a camper has a fever, they will be sent home for a minimum of 24 hours. **We are requesting that a parent / guardian stay within a drivable distance of camp in case an emergency arises.** In the event a parent is away, you must designate a guardian that can be called in the event of an emergency. A camper can only be picked up by a parent or guardian listed on this form.

Date of birth \_\_\_\_\_. Age: \_\_\_\_\_. He/She is in good health. State medical history and any allergies, medical or otherwise, medications being taken, and any physical impairment:

\_\_\_\_\_  
\_\_\_\_\_

Date of last tetanus \_\_\_\_\_

Are Contacts worn? \_\_\_\_\_ Retainers? \_\_\_\_\_ Dentures? \_\_\_\_\_

Pediatrician: Dr. \_\_\_\_\_ Office telephone # is \_\_\_\_\_

Dentist: Dr. \_\_\_\_\_ Office telephone # is \_\_\_\_\_

Medical insurance is \_\_\_\_\_. The Identification # is \_\_\_\_\_

Group # is \_\_\_\_\_. It can be contacted at \_\_\_\_\_ or \_\_\_\_\_

Father: \_\_\_\_\_ can be contacted at: Cell \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother: \_\_\_\_\_ can be contacted at: Cell \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Guardian: \_\_\_\_\_ can be contacted at: Cell \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Guardian/Emergency Contact – relation to camper \_\_\_\_\_

Dated this \_\_\_\_ day of \_\_\_\_\_, 2025.

\_\_\_\_\_  
Father Mother

**!!! PHOTOCOPY YOUR MEDICAL INSURANCE CARD AND ATTACH !!!**  
**PLEASE FILL OUT A MEDICAL AUTHORIZATION FORM FOR EACH CAMPER AND COUNSELOR ATTENDING.**