

DUTCHESS COMMUNITY COLLEGE
EMERGENCY MEDICAL FORM

Your child's safety and health are important to us. Please complete this form so we can do everything within our ability to keep your child safe and healthy in our summer program.

In case of emergency, I, _____, parent/guardian of

_____, understand that every effort will be made to contact me. If I cannot be reached in an emergency, I give my permission to the camp staff to act on my behalf in seeking and providing medical treatment for my child during the program session. This includes but not limited to medical care, transportation, or treatment by camp staff, ambulance services, physician, or hospital.

Please Print Name of Parent/Guardian

Signature

Date