



Pine Richland Mini Cheerleading Camp 2020

Medical Authorization

Allergies or Medical History we should be aware of (include medications)

To whom it may concern: If neither parent can be contacted in case of injury or illness, I hereby authorize representatives of the PRCPA (Pine Richland Cheerleader Parent Association) to act as my agent to secure medical treatment for _____ a minor child for whom I am responsible, at the nearest hospital, when in the opinion of the representatives, such emergency medical treatment is deemed appropriate during the time my child is engaged in the camp activities. I hereby authorize to hold the PRCPA and its representatives harmless for exercising its judgment in authorizing such emergency treatment and said representatives are specifically authorized to sign any required medical emergency hospital treatment form on my behalf.

Parent/Guardian Signature _____ Date _____

Family Physician _____

Phone Number _____

Parent/Guardian Signature: _____

Date: _____