

**San Marcos River Work Camp  
Medical Consent Form**

**Authorization by Parents for Another to Consent to Hospitalization,  
Surgery or Special Medical Procedures during Absence of Parents**

Camp Date: \_\_\_\_\_

Church Name: \_\_\_\_\_

| Parent Name | Phone Number |
|-------------|--------------|
|             |              |
|             |              |

**Name(s) of Camper(s)**

| Last Name | First Name | Birthdate |
|-----------|------------|-----------|
|           |            |           |
|           |            |           |
|           |            |           |

**We Hereby Appoint:    Southside Community Center  
                                  518 S Guadalupe  
                                  San Marcos, TX 78666**

**As the person who, during my/our absence from \_\_\_\_\_ shall be authorized to consent for all medical and/or surgical treatment and/or special procedures, which may be required during our absence. Without in any matter limiting the foregoing appointment and authorization, if circumstances, I/we would like to have our doctor consulted in connection with sick medical and/or surgical treatment and/or special procedures.**

\_\_\_\_\_  
Name of Physician

\_\_\_\_\_  
Phone Number

List allergies and current medications, if any \_\_\_\_\_

**Child Allergy Medication**

**Southside Community Center, its officer and personnel and any physician providing medical or surgical services to any child name above may rely upon the consent of**

authorization executed by the above named appointee with the same force and effect as if personally executed by us.

Date of Last Tetanus Shot \_\_\_\_\_

**San Marcos River Work Camp  
Liability Release Form**

**In Consideration for letting my Son/Daughter to participate in the Southside Community Center Work Camp Program, the undersigned agrees that Southside Community Center and the officers, agents, members, volunteer and employees of the same shall not be held liable or responsible for, and shall be saved and held harmless by me from any all claims of damages of every kind, for injury to or death of my Son/Daughter arising out of or attributed directly or indirectly, to participation in activities of Southside Community Center's Summer Work Camp Program.**

\_\_\_\_\_  
**Date of Camp**

\_\_\_\_\_  
**Name of Church**

\_\_\_\_\_  
**Name of Camper(s)**

\_\_\_\_\_  
**Signature of Parent or Guardian**

**The Consent and authorization shall include and extend to all matters for which consent and authorization is required under the policies of Southside Community Center. In consideration of the services which are rendered to any child named above, pursuant hereto, we agree to pay for all such services this authorization shall be effective until revoked in writing.**

\_\_\_\_\_  
**Parent name**

\_\_\_\_\_  
**Parent name**

**In the event that only one parent executes this form, please state below the reason why the signature of the other parent cannot be obtained.**

**If the child or children are under guardianship then the guardian should execute this authorization.**

**Insurance Company:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

*Please attach a copy of the Medical Insurance Card*

