

**GRAND VIEW HOSPITAL**  
**Sellersville, PA**  
**5-6-1**

\_\_\_\_\_ Date

I hereby give permission to the Emergency Room at Grand View Hospital to treat my son/daughter

\_\_\_\_\_ while a camper  
(Child's Full Name)

at **Musser Scout Reservation**  
(Name of Camp)

from June 22, 2024 to June 27, 2024.  
(Date) (Date)

I understand this permission covers the average camper emergency such as sprains, cuts and bruises, scrapes, bumps, skin rashes such as impetigo, poison oak or ivy, bites such as bee stings, snake bites, allergic reactions, foreign bodies in eyes or skin, upset stomachs, diarrhea, pink eye, fevers, diagnostic x-rays, suturing, and the like.

I also understand that in cases of major significance such as fractures, appendectomy, or any illness or injury requiring admission to the hospital, that additional consents will be necessary for treatment and that the hospital will make every attempt to reach me.

My child is allergic to the following drugs: \_\_\_\_\_

I give permission for my child to receive a tetanus booster (if needed). His/Her tetanus immunization was last administered \_\_\_\_\_.

Authorization is hereby given to \_\_\_\_\_ (Insurance Company) to provide any information needed to complete hospitalization claim.

Finally, I understand in cases of acute emergency when hospital personnel have attempted to notify me and are unable to reach me, that this permission form will suffice for treatment until such time as I am able to be reached.

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Home Phone #: ( ) \_\_\_\_\_

Work Phone #: ( ) \_\_\_\_\_

Cell Phone #: ( ) \_\_\_\_\_