



2022 Teen Travel Medical Release Form

THIS FORM IS REQUIRED OF ALL CAMPERS PARTICIPATING ON OVERNIGHT TRIPS

Dear Parent or Guardian,

In the event that we may have to provide treatment for your child during an OVERNIGHT CAMP TRIP, we require the following medical release.

In my absence, I give permission to Oasis at LIU Post Travel Staff to act on my behalf in seeking and providing medical treatment for my child on any overnight trip. This includes medical treatment at a hospital, first aid station or by a private physician.

PLEASE FILL~OUT ALL INSURANCE INFORMATION BELOW

Medical Insurance Carrier & ID Number

Child's Name

Child's Date of Birth

Parent/Guardian Printed Name

Parent/Guardian Signature

EMERGENCY CONTACT INFORMATION

Person To Call In an Emergency (First and Last name)

Relationship to Child

Home Phone #

Cell Phone #

Work Phone #

Person To Call In an Emergency (First and Last name)

Relationship to Child

Home Phone #

Cell Phone #

Work Phone #