



Authorization for Release of Health Information

I hereby authorize any doctor or hospital treating myself/my child _____
name of child
while he/she is at camp to discuss and release information regarding such treatment or
follow-up to any of the following representatives of the Boy Scouts of America, Tidewater
Council.

Camp Director
Council Camping Secretary
Camp Program Director
Camp Health and Safety Officer

The authorization will remain in effect while the Scout/Scouter is at summer camp and will
expire no later than August 31 in the year in which it was signed by the authorized person.

Signature of member/parent Date

Address: _____

City, State, Zip _____

Phone # _____

Please attach a copy of the front and back of your current insurance card.
Check that the card has not expired.