

**First Lego League Camps  
Emergency Information/Consent Form**

**Complete in Ink – Please Print**

Camper \_\_\_\_\_ Legal Name \_\_\_\_\_  
Last First Middle if Different

Address: \_\_\_\_\_ Male \_\_\_ Female \_\_\_  
Street City State Zip

Phone \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_ Phone \_\_\_\_\_

I authorize my child to participate in lunch/recess field trips conducted by First Lego League Camps.

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IF PARENTS ARE NOT AVAILABLE IN AN EMERGENCY, WE ARE AUTHORIZED TO CONTACT:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

<b>CONSENT TO MEDICAL CARE AND TREATMENT OF MINOR CHILDREN</b>
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I give permission that my child \_\_\_\_\_ may be given  
emergency treatment by a qualified childcare provider at \_\_\_\_\_.  
Name and/or address

When I cannot be contacted, I authorize and consent to medical, surgical, or hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital, or aid car attendant when deemed necessary or advisable by the physician or aid care attendant to safeguard my child's health. I waive my right of informed consent to such treatment.

I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Lego League Camp Health Form

Camper Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Please list any of your child’s health concerns. Please briefly describe the concern and include the health care plan for your child should the need arise. This includes Allergies, Asthma, ADD/ADHD, Diabetes, Seizures, Heart Conditions, Stomach/Intestinal Conditions, Hearing Problems, Vision Problems, Orthopedic Conditions, Mental Health Concerns, and Serious Accident/Injuries. Please include any medications that we may need to administer to your child in the event of an emergency.

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**I give permission to camp personnel to administer medications listed above for medication received by my child during camp hours.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please bring on the first day of camp and present at sign-in.**