

**OASSA CHEER OHIO CAMP EMERGENCY MEDICAL FORM  
for KENYON COLLEGE CAMPERS**

**(Bring a signed copy of this form to camp with you - - leave a copy with your family)**

I, \_\_\_\_\_ give my permission for \_\_\_\_\_  
(name of parent or guardian) (name of camper)

to be treated in the event of a medical issue/emergency at the following locations; note EMS assessment or time of day may dictate site utilized (review your health insurance policy for in/out of network info):

**NEAREST TREATMENT LOCATIONS to Kenyon College, located at 103 College Rd., Gambier, OH 43022 are:**

- Knox Community Hospital Emergency Department**  
1330 Coshocton Rd., Mount Vernon, OH 740-393-9000 Open 24 hours/day  
Off OH Rt. 229, across from Arby's. About 5.7 miles/12 minutes from Kenyon College
- Knox Community Hospital Urgent Care**, 1490 Coshocton Rd., Mount Vernon, OH 740-393-9111  
M-F 8am-8pm; Sat.-Sun. 9am-8pm. (down the street from the hospital)
- Family Urgent Care**, 503 Wooster Rd., Mount Vernon, OH 43050 740-326-6552  
M-F 10am-8pm; Sat.-Sun. 10am-6pm. By fairgrounds, off Rt. 3. (No x-ray)
- CVS Minute Clinic**, 900 Coshocton Rd., Mt. Vernon, OH 43050 740-397-5505  
M-F 8:30am-7pm; Sat. 9am-5:30pm; Sun. 9am-4:30pm (also CVS pharmacy on-site)

Will the camper named above be taking any medication during the camp? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please explain.

\_\_\_\_\_

List camper's special needs (if any): \_\_\_\_\_

\_\_\_\_\_

\* Parent's Name/Emergency Contact # \_\_\_\_\_

I understand my child will be transported by his/her coach to the appropriate care facility (or via emergency squad, if needed) and that OASSA is not responsible for the transport of my child to/from the care facility.

Date: \_\_\_\_\_ Signature of parent or guardian \_\_\_\_\_

<b>KEEP A COPY OF THIS AT HOME:</b>	My child is attending Cheer Ohio Camp Date: _____
Dorm Building: _____	Our School/Squad: _____
Our Coach: _____	Coach's Cell: _____
<b>24-Hr. Kenyon College switchboard telephone number: 740-427-5000</b>	