

OASSA CHEER OHIO CAMP EMERGENCY MEDICAL FORM

DENISON UNIVERSITY 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 (check your health insurance policy for in/out of network):

Minor illness/injury:

Licking Memorial Urgent Care
14 Westgate Dr.
Newark, OH 43055
220-564-7500
Hours: M-F 9am-8pm, Sat-Sun 9am-5pm
(x-ray service available, cuts/stitches, etc.)
3 miles/5 minutes from school (near Wendy's)
*verbal consent of parent required - list contact info below

For serious/emergency/after-hours:

Licking Memorial Hospital
1320 W. Main St.
Newark, OH 43055
220-564-4000
24 hour emergency room/hospital care
full diagnostic/care services
5.13 miles/10 minutes from school

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 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

My child is attending:

CO Camp Date: _____ Our School/Squad: _____

Our Coach: _____ Coach's Cell: _____

Camper Name/School
Cheer Ohio - Campus Services

Denison University
100 W. College Street
P. O. Box 810
Granville, OH 43023

24-Hour switchboard telephone number: 740-587-0810