



country day camp and school

Medical Authorization

I _____, parent or guardian of _____, authorize any physician, nurse, or other health care provider, to communicate with the medical staff and director of Park Shore Country Day Camp, or his/her designee, about my child's medical condition, treatment, and/or prognosis.

These authorizations are limited to June 1 through August 31, 2022.

Parent/Guardian's Signature

Date