



ULTIMATE DAY Camp Authorization for Medical Treatment

To whom it may concern:

This letter gives permission to representatives of the Darien Park District to authorize and sign for medical and or/surgical treatment deemed necessary for our child/children, including hospital admission and care (emergency or otherwise) on and between the dates of 6/7/10 and 8/13/10.

Please list below any allergies or medical conditions the staff of Darien Park District should know about your child.

---

---

The names of your children:

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_