

Medical Authorization Letter for Youth Camp Participants

Date: _____

To Whom It May Concern,

I, the undersigned, [**Parent/Guardian Name**], am the parent/guardian of [**Child's Full Name**], who is enrolled in the youth camp taking place from [**Start Date**] to [**End Date**].

I hereby authorize the camp staff to seek and obtain medical treatment for my child in the event of an emergency. I understand that every effort will be made to contact me prior to seeking treatment; however, if I cannot be reached, I give my consent for the administration of any necessary medical procedures as deemed appropriate by qualified medical personnel.

Please find below my contact information:

- Parent/Guardian Name: _____
- Phone Number: _____
- Email Address: _____
- Emergency Contact Name: _____
- Emergency Contact Phone Number: _____

I affirm that my child has no known allergies and is in good health to participate in the camp activities. In case of any pre-existing medical conditions, I have provided necessary information below:

Medical Conditions: _____

Medications: _____

Thank you for your attention to this matter.

Sincerely,

[Parent/Guardian Signature]

[Date]