

**Rocky Mountain Mennonite Snow Camp  
Authorization for Medical Treatment**

\_\_\_\_\_ *full name of youth*

\_\_\_\_\_ *birth date*

I give permission for my child to attend Rocky Mountain Mennonite Camp and designate the Sponsor and/or Camp officials to act in my behalf in authorizing emergency and/or routine medical care for him/her.

\_\_\_\_\_ *signature of parent/guardian*

\_\_\_\_\_ *date*

Emergency phone number: \_\_\_\_\_

*NOTE: A completed and signed form is required for participants to attend!*

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