

Camp Address:
121 Wolf Hill Road
Melville, NY 11747
P: (631) 692-6222
F: (631) 367-1509



Mailing Address:
P.O. Box 725
Plainview, NY 11803
campwdaycamp.com
info@campwdaycamp.com

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 Camp W, or his/her designee, about
my child's medical condition, treatment and/or prognosis.

We further authorize the camp medical staff to discuss any medical
conditions with the director, his/her designee, or the child's counselor when
medical staff, in its sole discretion, believes such communications to be in
the best interest of the child.

These authorizations are limited to June 1st, 2018 through August 31st,
2018.

Signature: _____ Date: _____