

**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](http://campwdaycamp.com)  
[info@campwdaycamp.com](mailto: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 1<sup>st</sup>, 2015 through August 31<sup>st</sup>, 2015.

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