



## The Crafty Corkscrew Authorization for Emergency Hospital or Medical Treatment

**All families are required to complete this form for each child enrolled in Summer Camp at the studio.**

In case of an emergency due to illness or accident, when it is thought advisable to have immediate medical attention for my child; I hereby authorize The Crafty Corkscrew to send my child to the nearest hospital.

I agree to meet a Crafty Corkscrew staff member at the hospital as soon as possible after being notified.

I understand that I must bear all expenses involved, including those incurred to transport my child to the hospital.

In the event of a minor injury, I authorize The Crafty Corkscrew staff to administer minor first aid to my child.

Name of Child: \_\_\_\_\_

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

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

Relationship to Child: \_\_\_\_\_