

# Health Care Authorization Statement

## Northfork Farms

Name of Camper:

I hereby give permission to the camp named below, which is licensed by the State of Michigan, to provide routine, nonsurgical medical care, and to secure emergency medical and surgical treatment., for the camper named above, while attending camp

Authorized Signature

Date:

Authorized Signature:

Signature Date:

Camp Name: NorthforkOutback Horse Camp

Note: In accordance with MCLA Act 116 of the public Acts of 1973, as amended, and the rules for licensing camps, this authorization must be signed by a parent or guardian of a child camper unless there is religious objection.