



PLEASE RETURN THIS FORM BY MAY 1st TO:

WINTER (Until May 15th)

3 New King Street, White Plains, NY 10604
p: 800-753-9118 f: 413-853-3030

SUMMER (After May 15th)

6 Hawthorne Road, Lenox, MA 01240
p: 800-753-9118 f: 413-853-3030

AUTHORIZATION FOR COMMUNICATION WITH MEDICAL PERSONNEL

I, _____, parent or guardian of the above named camper, authorize any physician, nurse or other health care provider to communicate with the medical staff and directors of Camp Mah-Kee-Nac, or their designees, about my child's medical condition, treatment and/or prognosis.

I further authorize the medical staff of Camp Mah-Kee-Nac to discuss any medical conditions with the directors, their designees, or my child's counselors when the medical staff, in its sole discretion, believes such communication to be in the best interest of my child.

These authorizations are limited to June 25, 2011 through August 13, 2011.

Parent/Guardian Signature _____

Date _____