

Pediatric Therapy Services
Guthrie Robert Packer Hospital, Towanda Campus
Towanda, PA 18848

Medical Release for Camp Sensation

Camp Dates: August 3, 4, 5, 6, 2026

There will be a nurse and/or EMT on duty for any emergency that may arise at Camp Sensation.

By signing below, I give permission for the treatment and/or admission of my minor child,
_____, if it becomes medically necessary while they are at the camp.
camper's name

In case of emergency, I can be reached at...

Phone number(s): _____ or _____

If I am unavailable, please contact the following adult in case of emergency...

Name: _____

Phone number(s): _____ or _____

Please list any allergies:

_____.

My child will be coming with the following medications (include dosage):

_____.

I give you permission to administer the medications above if need be.

Print name of parent or guardian: _____

Signature: _____

Parent or Guardian

Date: _____