

I, (We) _____ and _____
(name) (name)

of _____, _____, _____, do hereby state that
(city) (county) (state)

I am (we are) the parent(s) or legal guardian(s) of:

_____, a minor, age _____, born _____,
(name) (date)

who resides with me (us) at _____.
(address)

I (We) authorize *Bob Eldridge and/or Woody Millspaugh (Directors)*, adults,

who reside at *BUCS Camp - Basketball's Ultimate Camp System, Inc.*, in the city of *Alma*,

county of *Gratiot*, state of *Michigan* to act in my/our behalf in authorizing

medical, dental, surgical care and hospitalization for the above named minor(s) during
the period(s) of my/our absence from:

____ through _____
(month) (day) (year) (month) (day) (year)

**In no event shall this delegation of parental rights be effective for more than six
months.**

(date)

(signature of parent or guardian)

(signature of parent or guardian)

Date: _____

Date: _____

**This document shall be presented to a physical, dentist or appropriate health representative
at such times as medical, dental, surgical care or hospitalization may be required.**

Allergies:

(including medication allergies)

**Chronic diseases or medical
problems:**

Previous surgical procedures:

Medicines child is now taking:

