



Good Heart, Good Times, Good Friends!

**Permission to Treat Form
Summer Camp 2010**

I, _____ grant Lafayette General Medical Center in Lafayette,
(Parent's signature)

Louisiana or Eunice Community Hospital in Eunice, Louisiana permission to treat _____.
(Child's name)

I also give LGMC, ECH and affiliated physicians' permission to release medical records, and all medical
test or lab results to the Administrative or Nursing Staff at Camp Bon Coeur.

Parent/Guardian Signature: _____

Date: _____

Address: _____

Phone: _____