

**CAMPER 18 AND OVER MEDICAL RECORDS
AUTHORIZATION/PERMISSION HIPAA FORM**

I _____ give permission for Camp Alexander Pikes Peak Council Medical and Management Staff to share my medical information with any doctor, medical facility/hospital deemed necessary in case of illness or injury. This information will be used for medical treatment and will not be given to anyone other than proper medical personnel.

I also give permission for the adult leaders of troop #_____ to have knowledge of the medication that I take. This information will be used only for the time period that the above is attending Camp Alexander.

THIS INFORMATION AND PERMISSION IS GIVEN IN KEEPING WITH CURRENT HIPAA FEDERAL REGULATIONS AND WILL BE KEPT IN ACCORDANCE WITH THE PIKES PEAKS COUNCIL BSA RISK MANAGEMENT GUIDELINES.

NAME: _____
(PRINT)

SIGNATURE: _____ DATE: _____

**THIS FORM TO BE ATTACHED TO THE ADULTS CLASS III MEDICAL FORM
CA/HIPAA PERMISSION FORM/05/CAMPER ADULT**

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