

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: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
(PRINT)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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

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: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
(PRINT)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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