

# Consent to Medical Treatment And Authorization to Release Information

I, \_\_\_\_\_ the undersigned parent or guardian of  
Print Name

\_\_\_\_\_  
Print Participants Full Name

a minor, do hereby consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment, and hospital service that may be rendered to said minor under the general or special instructions of:

\_\_\_\_\_  
Name of Camper's Physician (Please Print) Physician's Telephone Number

or any physician the group leader or his/her designee may call, whether such diagnosis or treatment is rendered at the office of said physician, at a licensed hospital, or at the camp. It is understood in the case of a major accident or illness reasonable effort will be made to reach the doctor listed above before the group leader or his/her designee calls any other physician.

It is further understood that this consent is given in advance of any specific diagnosis or treatment, which might be required and is given to authorize the camp, group leader, designee or the physician to exercise his/her best judgment as to the requirements of such diagnosis or treatment.

This consent shall remain in continuous effect until revoked in writing or until the parent or legal guardian in person takes charge of said minor. We hereby authorize any hospital or physician, or any other person who attended to or examined said minor to furnish the groups insurance company or its representative any and all information with respect to any illness, medical history or consultation, prescriptions or treatment, and copies of all hospital or medical records.

**A photocopy of this authorization shall be considered as effective and valid as the original.**

\_\_\_\_\_  
Signed Parent or Legal Guardian Date

\_\_\_\_\_  
Signed Adult Witness Date

<b>Please print all medications being taken:</b>	<b>Please print any known allergies:</b>
_____	_____
_____	_____
_____	_____

**Please describe any current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or consideration while at camp.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Release and Application for Exemption from Physical examination and immunization**

It is respectfully requested that \_\_\_\_\_ be exempted upon religious grounds from all immunization requirements required for attendance at the camp. To the best of my knowledge and belief, (he/she) is and has been in normal good health and is free from all communicable or contagious diseases.

Should \_\_\_\_\_ manifest any condition where there appears to be reasonable grounds for suspecting the presence of a communicable or contagious disease; I agree that a physical examination may be performed. Also, I agree that if any such disease is found, he/she will comply with the regular quarantine or isolation procedures of the camp and of the community.

It is further understood that, should an emergency arise, I will be notified immediately, however, in the event that we cannot be located immediately, the authorities of the camp or the group leader may take such temporary measures as they deem necessary.

I release and forever discharge the camp and each and every one of its officers, directors, partners, shareholders, employees, agents, insurers, affiliates, successors in interest, attorney, or any or all of them who might be liable (the "Release Parties") from all causes of action, suits, claims, demands, or any other damages or costs associated with actions taken by the Released Parties relative to the health, sickness, and treatment of  
\_\_\_\_\_

I represent and acknowledge that I have read and understand this agreement and release and warrant that all statements made herein are true to the best of my knowledge. I further warrant and acknowledge that I am of legal age, legally competent to execute this agreement and release, and accept full responsibility therefore.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Phone

### **Certification of Church Membership**

I hereby certify that \_\_\_\_\_ is a member in good standing of the  
\_\_\_\_\_ Church, and that (he/ she) is a participant in Sabbath/ Sunday School.

Signature of Authorized Church Representative: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Please print