

Medical Release and Consent Form 2016

Camp Chippewa

Aug 8-12, 2016

Name of person attending camp:

_____ Parent or Guardian (of minor)

_____ Home Phone _____

Address _____ City _____ St _____

Zip _____

In case of emergency notify: _____

Relationship _____ Emergency phone numbers: Day _____

Night _____ Cell _____ Physician's Name _____

(Imperative if your child has allergies.) Phone _____ List any allergies to medications or any known allergies (to food or drugs) _____

_____ Date of last tetanus immunization _____ List medications presently being taken:

_____ Medical Insurance Company _____ Insurance Policy

_____ (This above information is needed in case your child has to be taken to the hospital and the parent/guardian cannot be reached.)

*Signature of Parent/Legal

Guardian _____

*Date _____

AUTHORIZATION FOR EMERGENCY CARE TO A MINOR

I/we the undersigned, parent(s) or legal guardian of the minor

(name) _____ (birthdate) _____

do hereby authorize any X-ray examination, anesthetic, dental, medical, or surgical diagnosis or treatment by any physician or dentist licensed by the State of Ohio and hospital service that may be rendered to said minor under the general, specific or special consent of: Camp Chippewa (a ministry of Chippewa Lake Baptist Church) staff and personnel. It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage those persons who have temporary custody of the minor, and said physician or dentist to exercise his/their best judgment as to the requirements of such

diagnosis or medical or dental or surgical treatment. It is intended that the authorization relieve the physician, dentist, person rendering such care at the hospital or institution in which such care is given, from any liability resulting from the failure of me, the parent or guardian of the above named minor, from signing a consent or authorization to render such care. It is my understanding that this form also serves to establish my consent and permission for the above-named minor to participate in Camp Chippewa programs, outdoor activities, and courses, and to be photographed for use by Camp Chippewa in promotion of that ministry.

***Date**_____

***Parent /Legal Guardian**_____