

Camp ROCKs at Camp Lebanon

Medical Release Form

July 1-7, 2018

I, _____, parent or legal guardian of _____, a minor child, hereby authorize any medical treatment which may be necessary in an emergency, and in my absence, for the well being of the above mentioned minor. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child in a health care or emergency situation. If I cannot be reached in an emergency, I give my permission to the physician to hospitalized, secure proper treatment for, and order injection, anesthesia, or surgery for this child. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Parent or Guardian Signature

Please Print Name

Date

_____ / ____ / ____

Address: _____

The above mentioned minor has the following allergies or medical conditions:

Insurance information:

Name of Insurance provider: _____

Policy #: _____ Group #: _____

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Risk Release Form

July 1-7, 2018

- I am aware that my child will be participating in outdoor pursuits such as climbing, hiking, ziplining, paddle boating, fishing, sports and other activities provided by Camp ROCKs at Camp Lebanon, for which I have enrolled my child, entails certain risks.
- Therefore, for my child, I expressly, knowingly and voluntarily assume all risks involved in my child's participation, and do hereby release Camp ROCKs, Camp ROCKs staff, Camp Lebanon, Camp Lebanon's staff from any and all liability, damages, costs, and expenses arising out of, or relating to bodily injury, loss of life or personal property that may occur as a result of the ordinary risks inherent in the above referenced camp activities.
- I have read and understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding on the parties during the entire period of participation in the camp.
- I give my consent for my child to be photographed or videotaped for general camp, website, and/or Camp ROCKs publicity.

Signature of parent

Date

Print Name