



# Camp Tesahe

## PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAVIER

Camper's Name: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Parent/Guardian's Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I, \_\_\_\_\_, grant permission for my child, \_\_\_\_\_  
Parent or Guardian's Name Child's Name

to attend, and participate in activities at, Camp Tesahe.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor (participant).

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Camp Tesahe, its officers, directors and agents, chaperones, or representatives associated with the camp, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate Camp Tesahe, its officers, directors, and agents, chaperones, or representative associated with the camp for reasonable attorney's fees and expenses arising in connection therewith.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL MATTERS;** I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. **(Of the following statements pertaining to medical matters, sign only those that are applicable.)**

**EMERGENCY MEDICAL TREATMENT;** In the event of an emergency, I hereby give Camp Tesahe permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & relationship:

\_\_\_\_\_

Phone: \_\_\_\_\_ Family Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

**Other Medical Treatment:** In the event it comes to the attention of Camp Tesahe, its officers, directors and agents, chaperones, or representatives associated with the camp that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called.

Signature: \_\_\_\_\_

# Please indicate your wishes by choosing #1 or #2 below.

1. No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life threatening and emergency treatment is required.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OR**

2. I hereby grant permission for non-prescription medication (such as Tylenol, throat lozenges, Benadryl) to be given to my child, if deemed appropriate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Specific Medical Information:** Camp Tesahe will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.):

\_\_\_\_\_

Immunizations: Date of last tetanus/diphtheria immunization:

\_\_\_\_\_

Does child have a medically prescribed diet? \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bed wetting, fainting?

\_\_\_\_\_

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? If so, date and disease or condition:

\_\_\_\_\_

You should be aware of these special medical conditions of my child:

\_\_\_\_\_