



# Medical Release and Consent



All information is required for Camp Attendance

I, the undersigned legal parent/ guardian of \_\_\_\_\_

hereby grant permission for my child to attend Kids' Camp 2009 at Smyrna Presbyterian Campground and Church. I acknowledge that, regardless of supervision provided by camp staff, the possibility of injury is present. I agree to hold harmless the Smyrna Presbyterian Campground and Church and its staff if my child should incur an injury while participating in Kids' Camp activities.

In the event of injury to or the illness of my child, if I cannot be reached, I give permission to the camp staff to administer first aid and/or to seek whatever medical treatment they deem necessary. In the latter instance, I understand that all medical expenses will be my responsibility.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

Check here if you do not want your child's picture used to help promote Kids' Camp Ministry

## Emergency Contact (other than parent/guardian) :

Do you authorize this person to pick up your child if required?  yes  no

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship to Camper: \_\_\_\_\_

List anyone else you wish to be authorized to pick up your child

Physician's Name: \_\_\_\_\_

Physician's Phone#: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Diet Restrictions: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Policy Number \_\_\_\_\_

Please fill out side one also