

Camp Heritage 2019

Consent to Medical Care And Treatment Of Minor Child

I, _____, hereby give permission that my child _____ may be given emergency treatment, to include first aid and CPR by a qualified staff member of Camp Heritage. I further authorize and consent to medical, surgical, and hospital care, treatment, and procedures to be performed for my child by my child's regular physician, or when deemed immediately necessary or advisable by the physician to safeguard my child's health if I cannot be contacted. In such a case, I waive my right of informed consent to such treatment.

I also give permission for my child to be transported by ambulance or car to an emergency center for treatment. I agree that I will pay all physicians and hospital bills.

Signature _____ Date _____

Liability Release

My child has permission to take part in all activities in the Camp Heritage (unless otherwise specified). I understand and support the regulations of Camp Heritage, and release the camp from any liability regarding the physical well being of my child while in the camper's care.

Signature _____ Date _____

Photograph Release

I release Camp Heritage to photograph and/or videotape my child while participating in daily activities, and to use the photographs and/or videos in photograph displays or other publications showing these daily activities.

Signature _____ Date _____