

# Camp-a-Rama

## Parental Consent and Medical Release

To Whom It May Concern:

The undersigned does hereby give permission for our (my) son or/daughter \_\_\_\_\_ to attend and participate in Awana Sparks Camp-a-Rama on May 15, 2010. I also give permission for our (my) son/daughter to participate in camp activities on or off the campgrounds. The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Awana Sparks Camp-a-Rama.

We (I) authorize an adult in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advise of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital and/or emergency care facility, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. I (we) do herewith authorize the treatment by this authority and is granted only after a reasonable effort has been made to reach us/we the parent(s) and/or guardian(s).

We (I) the undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

This consent and release will be in effect during the day of May 15, 2010. My signature also served to indicate my willingness to take full financial responsibility for any and all medical services rendered for the named participant. My signature serves to indicate my willingness for my Health Insurance Company: \_\_\_\_\_ Policy number: \_\_\_\_\_, Group number: \_\_\_\_\_ to be billed for any and all medical fees and services should they be needed. I (we) hereby release Awana Sparks Camp-a-Rama and Awana Clubs International from this liability.

The undersigned does hereby release and agree to hold harmless Awana Sparks Camp-a-Rama and Awana Clubs International and their directors, employees, agents, or representatives from any and all liabilities or claims for personal injury, illness, or death, as well as property damage and expenses of any nature whatsoever which may be incurred by our (my) son/daughter that occur within the effective dates stated above and/or while said child is participating in the above named camp program and it's activities.

### Other Releases and Acknowledgements

I understand that, while my son/daughter is participating in Camp activities, photographs, film, audio recordings and videotape of my son/daughter may be taken for use in brochures, videos, release to the pres, and various ACI publications and other work product. I do hereby irrevocably grant ACI permission to record, display and/or reproduce my child's name (first name only), likeness and voice on audio and/or video tape, film or other media. To edit and otherwise modify such media at its discretion, to incorporate the media into any work product, and to use or authorize the use of such media or any portion thereof in any manner or media or by any means, methods or technologies now know or hereafter to be known.

\_\_\_\_\_  
Name of Camper

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Printed name of Parent or Guardian

\_\_\_\_\_  
Notary Public (**Signature & Stamp/Seal REQUIRED**)

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

List any specific medical allergies, chronic, illness, or other conditions \_\_\_\_\_

Emergency phone number (other than listed above) Contact \_\_\_\_\_

Phone \_\_\_\_\_

Date of last Tetanus shot \_\_\_\_\_

Will camper be under medication while at camp? \_\_\_\_\_ If yes, explain \_\_\_\_\_