

Camp New Hope, Inc. Authorization Signature Sheet

Camper Name: (first, middle, last) _____

Date of Birth: ____/____/____ Gender: Male Female Camper is own guardian: Yes No

Terms and Conditions for Camp New Hope, Inc.

Custodial Parent, Guardian or Participant (if own Guardian) Must Sign:

In signing this form, I hereby certify that the above information is correct. I give permission for the participant to attend all camp activities including transportation of this participant in privately owned vehicles or public transportation for approved out-of-camp activities.

I agree to any emergency treatment by physician or hospital in the event I cannot be reached. I understand that all medication brought to camp must be clearly labeled as to content, administration times, and dosage.

I understand and assume all the risks associated with participation in an outdoor camping and aquatics program. I relieve Camp New Hope, Inc. from all claims or causes of action arising from this camper's participation.

I acknowledge that Camp New Hope, Inc. provides accident insurance for every camper; however, the camper's own family insurance is primary, and Camp New Hope's is secondary.

I give permission to use the camper's name and picture in publicizing the work and program of Camp New Hope, Inc.

I recognize the obligation of the Camp Director, in his/her absolute discretion, to terminate the camper's stay at any time due behaviors or medical conditions which might jeopardize the camper's or others' well being.

I will be financially responsible for any medical treatment that is needed for the participant.

I have read and understand the Camper Code of Conduct.

Signature _____ Date _____

Relationship to Participant _____

Medical Authorization/Permission to Treat Form for Camp New Hope, Inc.

Medications

I, being the parent or guardian of the above named camper, do hereby authorize appointed staff of Camp New Hope to administer all medicines, prescription drugs and other medical remedies required for or on behalf of the above named person, while said person is participating in or at a Camp New Hope function.

I specifically agree to advise the staff and personnel of Camp New Hope of all prescribed and over the counter medicines which are needed for the above named person.

Permission to Treat

I hereby give permission to the medical personnel selected by the staff at Camp New Hope, to provide routine health care; to administer medications; to order X-rays, routine tests; treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for above named person.

In the event of an emergency in which I cannot be reached, I hereby give permission to the Emergency Personnel or physician selected by the staff at Camp New Hope, to secure and administer treatment, including hospitalization, for the above named person.

I further waive any claim on behalf of myself and the above named person pursuant to this authorization. I further warrant that I have the authority to grant this medical authorization on behalf of the above named person. Furthermore, I agree to hold Camp New Hope harmless by reason of my execution of this medical authorization and permission to treat.

This completed form may be photocopied for trips outside of Camp New Hope.

Signed: _____ Date: _____

(Signature of camper (if own guardian) or parent/legal guardian if other than parent)

Mail to: Camp New Hope
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