

DECLARATION OF PARENT OR GUARDIAN

PLEASE READ AND SIGN

- I believe my child is medically and physically capable to attend Camp Medley.
- I will not bring my child to Camp if he/she has a contagious or communicable disease.
- I expect the Camp Director or Assistant Camp Director or Camp Nurse to try to make contact with myself or alternative Secondary Decision Maker in case of a medical emergency involving my child.
- I grant the Camp Medley Director or Assistant Director to seek necessary medical attention for my child at a Hospital emergency department and or Medical Clinic depending of need of the incident.
- I expect that the personnel of Camp Medley will take every precaution to ensure the good welfare and protection of my child named in this medical release form.
- I understand the information given in this form will be used only as necessary for the normal operation of Camp Medley.
- I hereby release Camp Medley , its Director, Assistant Director, all staff members, Board of Directors and any and all off-site employees from any and all liability in the event that the said named child on this Medical Release Form is involved in an accident or other misfortune.

Date

Signature Required