

Crimson Skye Farm Summer Camp

AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT OF A MINOR

(I), (We), the undersigned, the parent(s)/guardian(s) of _____, a minor, do hereby authorize Crimson Skye Farm and contractors, for the undersigned to consent to any emergency treatment deemed advisable by, and rendered under the general or specific supervision of any physician/surgeon licensed under the provisions of the Medical Practices Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable. We hereby give permission for my/our child(ren) to attend and participate in the Summer Camp at Crimson Skye Farm.

Name of Health Insurance Company: _____

Health Insurance Policy Number: _____

My child has the following conditions or allergies that may occur:

In the event of an emergency, I can be reached at the following numbers:

(Home) _____ (Cell) _____

List two additional contacts to be used in the event of an emergency:

Name _____ # _____ Relationship to camper _____

Name _____ # _____ Relationship to camper _____

LIABILITY RELEASE

I, the undersigned, agree to save and hold harmless Crimson Skye Farm and respective boards, commissions, officers, agents, employees, and contractors from any liability whatsoever for any harm, personal injury, or property damage which I or my child _____, may cause or suffer arising out of his/her participation in the Summer Camp at the farm. In addition, I give permission for my child to be filmed or photographed for promotional purposes.

Parent or Legal Guardian

Date