
www.southcentralcampcadet.org

**PARENT/GUARDIAN APPROVAL FORM**

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| I hereby voluntarily waive any claim against Camp Cadet Incorporated, the Camp Cadet Board of Directors, Camp Cadet Counselors, Camp Cadet Junior Counselors, and/or Camp Cadet Instructors/Presenters for any and all causes which may arise in  |
| connection with the participation of |  |
| in the Camp Cadet Program. | (Cadet’s Name) |

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|  |  |  |
| (Date) |  | (Signature of ParenT/Guardian) |

 IN THE EVENT OF AN EMERGENCY AND A PARENT/GUARDIAN CANNOT BE REACHED, I GIVE MY PERMISSION TO THE PHYSICIAN AND/OR HOSPITAL SELECTED BY THE CAMP ADMINISTRATION TO HOSPITALIZE, SECURE PROPER TREATMENT FOR, TO ORDER INJECTOIN, ANESTHESIA OR SURGERY, OR ANY OTHER EMERGENCY TREATMENT NECESSARY FOR MY CHILD NAMED ON THIS FORM.

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|  |  |  |
| (Date) |  | (Signature of Parent/Guardian) |

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| HOME PHONE: |  |  | WORK PHONE: |  |
| OTHER EMERGENCY NUMBERS: |  |