

MEDICAL CONSENT FORM

Name of Camper attending:_____ is in good condition, able to engage in active exercise, and has no previously existing medical condition that would restrict normal camp activities. As parent(s) we release Santa Maria Day Camp from liability in case of an accident or illness. Permission is granted for x-ray, examination, anesthetic, medical or surgical diagnosis or treatment, and hospital service that may be rendered to said minor under the general or specific instruction of _____ M.D., Phone _____ or any physician Santa Maria Day Camp may call, whether such diagnosis or treatment is rendered at the office of said physician, at a licensed hospital, or urgent care facility. It is understood that in the case of major accident or illness, reasonable effort will be made to reach the doctor listed above before any other physician is called by Santa Maria Day Camp. Parents will be contacted.

It is further understood that this consent is given to authorize Santa Maria Day Camp to exercise their best judgment as to the requirement of such diagnosis or treatment. This shall remain in continuous effect until revoked in writing or until the said minor is removed by the parent or guardian from the care of Santa Maria Day Camp. We hereby authorize any hospital or physician or any other person who has attended or examined said minor to furnish all information of treatment and copies of all hospital or medical records to a Santa Maria Day Camp representative. A Photostat copy of this authorization shall be considered as effective and valid as the original.

Signature of Parent(s)

Name Printed

Date

EMERGENCY CONTACT INFORMATION

Cell Phone: _____

Name: _____

Cell Phone: _____

Name: _____

Work Phone: _____

Emergency Contact: _____ Phone: _____

MEDICAL HISTORY & MEDICATION APPROVAL

Known allergies: _____

Other Medical Concerns: _____

• In the case of your child complaining of a headache or pain, is it okay to administer 1-2 Children's Tylenol or Children's Advil? (Circle) Yes, No

Signature of Parent

Date

PHOTO CONSENT

"I hereby grant permission for my child's photographs and or videos to be used in camp slideshow, print, SLDC camp social media online, advertising, etc. in relation to the mission of Santa Maria Day Camp."

Signature of Parent

Date

(Signature grants permission)