

CAMP FUSE JUNE 15-20, 2026
CAMP FUSE YOUTH CAMP
CONSENT TO PARTICIPATE and MEDICAL RELEASE FORM

Name of Minor Child _____ Age _____

Male/Female _____ Date of Birth _____

Address _____

Last Grade Completed in School _____ Shirt Size _____

I/We, the undersigned parent(s) or legal guardian(s) of the above-named minor, know that I may not be available to authorize medical, dental, surgical care and hospitalization of said minor child and I wish to appoint someone to act in my place in my absence and to give such authorization. This authorization is intended to give The Church of God of the United Assembly staff and faculty (herein referred to as Assembly) the right to give consent to not only authorization for emergency diagnostic procedures, medical, dental, surgical care and hospitalization, but for any diagnostic, medical, dental, surgical care and hospitalization that the person so designated deems advisable, and which the physician, dentist, or hospital personnel in said person's judgment may deem advisable.

I have put the important medical facts, if any, on this form. The medical facts are intended to help the doctor, medical staff, or Assembly in deciding what treatment is to be given but is in no way intended to restrict the giving of authorization or consent by the Assembly. I understand that this form is in effect from the date signed and that it is my responsibility to inform the Assembly of any changes to this form. It is my understanding that this form also serves to establish my consent and permission for the above-named minor to participate in the Assembly's youth camp programs and activities.

It is intended that this document be presented to the physician, dentist, or appropriate hospital or medical representative at such time as the medical, dental, surgical care, or hospitalization shall be authorized. It is intended that the authorization relieve the physician, dentist, person rendering such care at the hospital or institution in which such care is given, from any liability resulting from the failure of me, the parent or guardian of the above-named minor, from signing a consent or authorization to render such care. It is the intent that the Assembly shall act in my stead in making such decisions.

Signature of Parent/Guardian _____ Date _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ E-mail _____

Other Parent/Guardian _____ Date _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Date of Minor's Last Tetanus Shot _____

Allergies _____

Current Medication _____

Medical History/Other Pertinent Facts _____

Minor's Usual Doctor's & Dentist _____