

**PARENTAL PERMISSION AND MEDICAL CONSENT WITH LIABILITY RELEASE**

RE:

Name: \_\_\_\_\_ born on \_\_\_\_\_

Address: \_\_\_\_\_

The undersigned(s) being the lawful parent(s) and/or guardian(s) of the above child (the "Child"), hereby consents to the participation by the Child in USD Math Explorer's Camp 2009 (describe activity) conducted by \_\_\_\_\_ (Name of "Organizer") and to the participation of the Child in all events relating to the activity on August 24<sup>th</sup> through August 29<sup>th</sup>.

The undersigned hereby further authorize(s) any of the staff, employees, agents and representatives of Organizer to provide for, approve and authorize any health care at any hospital, emergency room, doctor's office or other institution; employ any physicians, dentists, nurses, or other person whose services may be needed for such health care; review and if necessary disclose the contents of any medical records; execute any consent form required by medical, dental or other health authorities incident to the provision of medical, surgical or dental care to the child. Health care shall include but not be limited to the administration of anesthesia, X-ray examination, performance of operations, diagnostic and other procedures.

If there is no medical emergency, the guardian will first use reasonable efforts to contact the parent(s) and/or guardian(s) before administering or authorizing any treatment.

Notwithstanding other provisions in this Consent Form, Organizer shall not have the authority to withhold or withdraw life-sustaining procedures for the Child.

The undersigned assume(s) all risk of injury or harm to the Child associated with participation in the Activity and agree(s) to releases, indemnify, defend and forever discharge the Organizer and its staff, employees and agents (collectively the "Organizer") of and from all liability, claims, demands, damages, costs, expenses, actions and causes of action (collectively the "Claims") in respect of death, injury, loss or damage to the Child or by the Child, howsoever caused, arising or to arise by reason of or during the Child's participation in the Activity.

This Consent Form may be revoked at any time before the expiration date with written notice to Organizer.

Signed on \_\_\_\_\_ (date), at \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Signature of Parent

# Child Care Information and Instructions

Child's Name:
Child's Nickname:
Child's Age:

## Parent(s) and Other Contacts

Mother's Name:	
Father's Name:	
Address of Parent(s):	
Home#	Work#

Second Contact Name:	
Relationship:	Phone Number:

Third Contact Name:	
Relationship:	Phone Number:

## Medical/Health/Insurance Care Information

Child's Doctor Name:	
Address:	
Office Telephone:	After Hours Number:

Health Insurance Company:
Group or Policy Number:
Telephone Number:

Medications:
Allergies:
Immunizations:
Special Conditions:
Mental Health Concerns:

### Schedule & Instructions

Meals: \_\_\_\_\_  
Snacks: \_\_\_\_\_  
Naps: \_\_\_\_\_  
Bedtime: \_\_\_\_\_  
Other: \_\_\_\_\_

### Rules and Habits

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_