

CONSENT TO PARTICIPATE / PHOTO RELEASE

By registering for this camp, I hereby consent to the attendance and participation of this participant in Carroll High School Summer Camp 2018. I fully understand that injury is always a possibility, and therefore release Carroll High School, its camp directors and facility from any and all liability in the event of injury to the participant. By registering for this camp, I pledge that the participant has received a physical examination within the past 12 months, is in good physical condition, has no undisclosed medical issues, illnesses or handicaps, and is capable of full and active participation in their selected programs.

I consent to the use of my child/participant's image in photo or video materials used to promote the Carroll High School Summer Camp program.

Yes No

CONSENT TO TREAT:

In case of a medical emergency, I understand that every effort will be made to contact me, or the camp participant's parent or guardian.

PARENT/GUARDIAN _____

PHONE _____

In the event I cannot be reached, please contact the following individual(s), who I hereby authorize to act on my behalf.

AUTHORIZED INDIVIDUAL _____

PHONE _____

In the event that no one listed above can be reached, I authorize the following physician(s) to administer any medical treatment they deem necessary.

Doctor _____
Phone _____

Dentist _____
Phone _____

In the event that the preferred physicians are not available, by registering for this camp, I give consent for treatment by another licensed physician or dentist. This authorization does not cover major surgery, unless the opinions of two other licensed physicians or dentists, concurring with the necessity for such action, are obtained prior to the performance of such surgery. Facts containing the participants medical

history, including allergies, medications, and any physical impairments, should be altered to Carroll High School prior to camp activities.

REFUSAL TO TREAT

I do not give consent for emergency treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school to take no action (check box at right if you choose this statement)



