



Camp Virtues

Medical Release Form

I, the undersigned parent or guardian of _____, a minor, do hereby authorize Camp Virtues, or its designated representative, agent(s) for the undersigned, to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. As the parent/guardian of a minor under the age of 18, I understand that this authorization enables representatives of Camp Virtues to arrange medical care for my dependent minor in the event I am unavailable.

I understand that I am responsible for payment of any and all medical expenses incurred on behalf of my dependent minor. This authorization shall remain effective from July 30, 2018 through August 3, 2018 while my child is attending Camp Virtues.

Parent/Guardian Signature:	Date:
Emergency Contact Name and Telephone:	
Family Physician Name and Telephone:	
Medical Insurance Company:	
Policy Number:	
Additional Emergency Contact Name and Telephone (in the event parent cannot be reached):	

Media Release/License

The undersigned parent or guardian of _____, a minor, grants Camp Virtues or its designated representative, permission to use my child's name, likeness or image in any printed or electronic material for the purpose of documenting, reporting and promoting the activities of Camp Virtues.

Parent signature: _____ Date: _____