

SLOVENSKI CAMPS RELEASE FORM

I, _____, give permission for _____
(Parent or Guardian) (name of camper)
to attend and participate in the Slovenski Camps program.

I authorize the staff of the camp to use their best judgment in allowing my child to receive emergency/medical or surgical treatment if necessary. I understand that every effort will be made to contact me prior to such action. **(Please be advised that it is imperative that your child be in good health when arriving at camp. The duties of camp personnel cannot include providing medical care for campers arriving at camp with a pre-existing condition.)**

I hereby:

1. certify that, to the best of my knowledge, the medical information is complete and correct.
2. agree to assume all risk of personal injury arising from participation in this camp, understanding that this sport does involve the potential for injury.
3. agree not to hold the staff responsible for any injury sustained during camp participation.
4. agree not to bring suit against Slovenski Camp staff or the Slovenski Camp for any injury sustained.
5. agree to allow the Camp Director to use sound judgment in obtaining necessary medical care, at the expense of the parent.
6. agree to accept any decisions made by the Camp Director in terminating attendance due to unacceptable behavior.
7. allow photographs taken at camp to be published on the camp website.

List medications your child needs during camp: _____

I give my permission ____ for my child to self-administer his/her medication and to keep it in his/her possession at camp. OR ____ for the camp to keep and administer his/her medications.

I do / do not (circle one) give my permission for the camp to administer Tylenol or Advil to my child as needed.

Does the camper have a severe allergy to some allergen? Yes or No (circle one)

If yes, does he or she require Benadryl and/or carry an epi-pen? Yes / No (circle one)

If yes, explain: _____

In case of allergic reaction, I give the camp my permission to administer Benadryl or the epi-pen.

Parent's phone: (day) _____ (evening) _____

An emergency / alternative contact person is: _____

and can be reached by phone at: (DAY) _____, (EVE.) _____.

Insurance Carrier: _____ Policy Number: _____

Policy Holder's Name: _____

(Signature of Parent)

(Date)