

Diocesan Camp at Kirchenwald - 2023

PARENTAL PERMISSION & EMERGENCY AUTHORIZATION FORM

Name of Participant: _____ Date of Birth: _____

To Whom It May Concern:

I, _____, parent/guardian of _____, do hereby grant permission for my son/daughter to volunteer and work at Camp Kirchenwald. I understand that the camp will have competent and adequate adult supervision and reasonable and appropriate measures will be taken to minimize the risk of injury and /or accident.

I hereby grant my consent for staff members and/or volunteer adult chaperones under whose auspices the camp is conducted, to secure all necessary emergency medical care and/or treatment that my son/daughter may require during the entire event, including all transportation. I further assume all responsibility for the decisions so made, and emergency care or treatment so secured in the event that I cannot be reached.

In case of accident, injury or loss, neither my family nor I will hold the facility where the camp is conducted, the group sponsoring the camp program, nor any person or organization affiliated with the camp program responsible or liable.

Signed: _____ Date: _____

Relationship to Participant: _____

Does the participant have hospitalization insurance? Yes No

Name of Insurance Company: _____

Policy Number: _____

List any medications participant is taking and dosage/timing: _____

Emergency contact: _____

Address: _____

Home Phone: _____ Work Phone: _____