2018 CAMP WARWICK WAIVER* FORM

THIS FORM MUST BE COMPLETED BY PARENT/ GUARDIAN BEFORE REGISTRATION WILL BE ACCEPTED.

Please use one form per child. Copies may be made of this form.

CAMPER INFORMATION

Camper Last Name _____ Camper First Name _____ Initial _____

Parent/Guardian Full Name _____

Best Telephone Number to reach Parent/Guardian: _____ ❑ Home ❑ Cell ❑ Work

***NO NOTARY SIGNATURE IS REQUIRED.**

CAMP WARWICK REGISTRATION & HEALTH RECORD CONSENT WAIVER

In signing this waiver, I certify that the information on the Camp Warwick Registration Form and Camp Warwick Health Record is correct. In case of a medical emergency, I authorize the release of medical records and understand that every effort will be made to contact the parent/guardian. In the event that the parent/guardian cannot be reached, permission is hereby given to the physician selected by The Warwick Conference Center to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child/ward, as named herein. I understand that I am responsible for the cost of prescriptions, doctor visits and/or emergency room visits during my child/ward's stay at Camp Warwick.

I authorize the Camp Warwick Health Director to supervise the self-medication of prescription and over-the-counter medicines by my child/ward at on-site camps and supervise the First Aid Personnel of off-site camps in the distribution of medicines.

I give permission for my child/ward to be transported in the Warwick Conference Center vehicles to and from public transportation. I give permission for my child/ward to be transported in the Warwick Conference Center vehicles as necessary for approved off-site camp activities.

I authorize the use of photographs and videos of my child/ward in camp publicity.

_____ _____

PARENT/GUARDIAN SIGNATURE DATE