

**Consent for Medical Treatment and Care While Attending Camp Kno-Koma**

Camper Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent or Legal Guardian Authorizations:

1. To the best of my knowledge the health history that I have completed is accurate.
2. The above-mentioned child has my permission to participate in all camp activities.
3. I give my permission for the camp health staff to provide routine healthcare, and to administer medications to my child, and in the event that my child needs further emergency medical care I authorize them to seek out appropriate medical care including, but not limited to x-rays, laboratory tests, and medications as deemed necessary to their condition. I also authorize the camp staff to arrange appropriate transportation to and from the camp for medial care. In seeking care, I authorize the release of medical records for both insurance billing purposes, and for appropriate care.
4. In the event that I cannot be reached in an emergency, I authorize the camp staff to seek appropriate emergency care including admission to a hospital if necessary. I also authorize the camp staff to obtain a physician to administer treatments that are deemed necessary.
5. I give permission for the camper to attend camp sponsored field trips.
6. I give permission for camp staff to copy all forms for the purpose of seeking emergency care.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

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I give my permission for my child to be photographed while at camp. I also give my permission for the Diabetes Camp of West Virginia, Inc. to utilize these pictures for the promotional purposes for the continued operation of Camp Kno-Koma.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_