

BASH LADY BEARS CAMP PARENTAL CONSENT FORM

All areas of this form MUST be completed and SIGNED prior to camp participation.

Camper's Name _____

Camper's Address _____

City/State/Zip Code _____

Camper's Email Address _____

Guardian's Name _____

Guardian's Address _____

City/State/Zip Code _____

IN CASE OF EMERGENCY

Father's Home Phone _____ Father's Cell Phone _____

Mother's Home Phone _____ Mother's Cell Phone _____

Emergency Contact:

Name _____

Hospital preferred in case of emergency _____

Your Insurance Company _____

Policy Number _____

Name of Policy Holder _____

Any instruction regarding you Insurance _____

Allergic Reactions _____

Taking any Medications _____

I/We the undersigned hereby certify that I/We am/are the parent or legal guardian of the above mentioned child. I/We hereby give permission to the staff of this camp to seek during the period of the camp appropriate medical attention for the camper and for medical attention to be given and for the camper to receive medical attention in the event of an accident, injury, or illness. I/We will be responsible for any and all costs of medical attention and treatment.

I/We, _____ the undersigned, for ourselves an as guardian(s)
(Parent signature)

of _____ agree to these terms and understand the responsibility.