



**DECLARATION OF PARENT OR GUARDIAN**

PLEASE READ AND SIGN

- I believe my child is medically and physically capable to attend Camp Medley.
- I will not bring my child to Camp if he/she has a contagious or communicable disease.
- I expect the Camp Director or Assistant Camp Director or Camp Nurse to try to make contact with myself or alternative Secondary Decision Maker in case of a medical emergency involving my child.
- I grant the Camp Medley Director or Assistant Director to seek necessary medical attention for my child at a Hospital emergency department and or Medical Clinic depending of need of the incident.
- I expect that the personnel of Camp Medley will take every precaution to ensure the good welfare and protection of my child named in this medical release form.
- I understand the information given in this form will be used only as necessary for the normal operation of Camp Medley.
- I hereby release Camp Medley , its Director, Assistant Director, all staff members, Board of Directors and any and all off-site employees from any and all liability in the event that the said named child on this Medical Release Form is involved in an accident or other misfortune.

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**Date**

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**Signature Required**