**FLAG CAMP MEDICAL CONSENT FORM**

As the legal guardian, I accept the conditions stated, including the release of the Chesapeake Conference, Flag Camp management, the Commonwealth of Pennsylvania and the State of Maryland from liability in case of accident and/or illness. I support, and the applicant agrees to abide by all camp regulations and policies.

I understand that my child may be photographed or recorded on video, and I release all rights for publication and advertisement.

In case of emergency, I give permission to the physician selected by the Flag Camp Director to hospitalize, order injections, anesthesia, routine tests, treatment or surgery for my child. I release any records necessary for insurance purposes. I give permission to Flag Camp to provide the necessary related transportation. I also give permission for the First Aid personnel selected by the Flag Camp Director to administer any OVER THE COUNTER medications or any routine/emergency treatment.

The completed forms may be photocopied for trips out of camp.

Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent or Legal Guardian)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_