

Camp Kirby Minor Employee Consent Form

Employee Name: _____

Consent Agreement:

As a parent/guardian, I understand that camping programs involve inherent risk and possible injury due to the nature of the activity, even when conducted in a safe manner. I give permission for my child to attend Camp and participate in all phases of the program including photographs which may be used in promotional items for the council; either printed or on the council's web site and social media sites. I understand that a statement of good health is required before they may attend. I waive any claims against Camp Fire, Camp Fire Samish, Camp Kirby, its agents, officers and employees which may arise from my child's participation at Camp.

I understand that secondary accident insurance is provided to employees. I give permission to the physician selected by Camp to order x-rays, routine tests, and treatment related to the health of my child for both routine non-emergent health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I give permission to photocopy these forms. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Please check all that apply, and sign at the bottom:

_____ I give permission for my minor child to check themselves in and out of Camp.

_____ I give permission for my minor child to ride in a vehicle with other staff members.

_____ I give permission for my minor child to drive a personal vehicle to and from Camp. I will ensure that my child follows all Camp, state, and local driving laws and that the vehicle is used in a safe manner.

Parent/Guardian Signature _____ Date _____

Employee Signature _____ Date _____