Family Camp Consent & Release Minor

Family Camp Minor N	Name:			
First Name	Middle Initial	Last Name	Birthdate//	
First Name	Middle Itilda	Last Name	Month/Day/Year	
Things you should k	know about health services	while you are at camp:		
get to camp.		ocal ambulance service. It takes at lea		
. ,		ailable to help with your minor health camp does not have portable oxygen		
		camp does not have portable oxygen cations; please bring what you anticipa		
5. There is a walk-	in clinic, hospital, and phar	macy available to you in town. These	are 5-10 miles from camp.	
Please list any M	ledical Conditions and A	<u>llergies</u>		
Does the camper have	ve any known medical condition	ons or allergies? Yes No		
If "Yes", this ca	mper is allergic to: 🔲 Food	d □ Medicine □ Environment (insect	, pollen, etc.) 🛘 Other	
Medical Condition or Allergy:		Reaction:		
insurance remains to the information on to basis. The adult resumanaging my child's In the event of an incamp nurse. If mediate registered at camp accompany the injurial Is acknowledge that release COHUTTA SEVENTH-DAY ADVIT release all photos to abide by all camp. This consent shall resumant in the information of th	he family's responsibility, i. this page and I understand sponsible for bringing and to care, health status, and be an injury at camp, the responsibilities care is needed, the case in order for the camp to corred camper to the hospital the activities can be of high PRINGS YOUTH CAMP and ENTISTS from liability in call and videos taken for Cohutto regulations and policies are main in continuous effect the sponsible in continuous effect the sponsible in continuous effect the sponsible in the sponsible in continuous effect the sponsible in the spon	until revoked in writing or until campe	er personal health issues. I have read with camp staff on a "need to know" retains primary responsibility for dianship at camp must inform the oved medical provider while insurance paperwork must on arrival back at camp. fore, knowingly accept and agree to GIA-CUMBERLAND CONFERENCE OF My child and I do support and agree or has left the Cohutta Springs Youth	
Camp property. My behalf of the individ	uals listed below.	ve read, understand and agree to the o	camp's limitations and policies on	
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Should the unforese	een occur, who would you l	ke us to notify in an emergency?		
Name of Individual:		Delationship t	Relationship to your	