

CONSENT TO MEDICAL CARE AND/OR TREATMENT

The undersigned consents to the administration of first-aid and or doctor's care, or any other form of medical treatment necessitated by any illness or injury that may require the same. In the event such care or treatment as heretofore described becomes necessary of, Bethel Youth Camp, its agents or assigns, employees or directors, from any act of misfeasance or malfeasance, and/or failure to act on the part of those chosen to administer medical care on behalf of the participant.

PARENT/GUARDIAN SIGNATURE _____

Participant's Name _____

Policy Number _____

Home Telephone _____

Work Telephone _____

Date _____

Allergies _____

Medications _____

NOTE: THIS FORM IS SUPPLIED AS A SERVICE ONLY. IF YOUR GROUP ALREADY HAS ITS OWN MEDICAL WAIVER, FEEL, FREE TO USE IT. IT IS IN CASE OF A MEDICAL EMERGENCY.