



MEDICAL RELEASE & PARENTAL PERMISSION FORM

As parent/guardian, I hereby give my permission for _____, (full name of child)

who will be age ____ on the day the event begins, to participate in **HEART O' TEXAS CAMP** which is to be held on June 3-5, 2011. With my dated signature in the box below, I grant this permission and certify the statements and information provided in items 1 through 6 that appear here above that signature:

1. **ACCEPTANCE OF CAMP CONDITIONS:** I understand and agree to the condition of the event venue as described in the information sheet. I give permission for my child to participate in this schedule of activities, and material to be presented.

2. **DISCLOSURE OF SPECIAL HEALTH CONDITIONS:** The following is a list of my child's special health conditions and needs, which event staff needs to be aware of (list here such things as medications, history of seizures, heart condition, diabetes, motion sickness, allergies, etc. (please use the back side of this sheet if needed): _____

3. **RELEASE OF LIABILITY REGARDING SPECIAL HEALTH CONDITIONS:** I submit that the above mentioned special health conditions and instructions are needed for my child while at the event. I understand that, although event personnel will seek to help accommodate these special conditions, such as by giving medications and/or by seeking to take appropriate precautions, etc., nonetheless, by sending my child to the event with these special health conditions:

- I acknowledge that I understand the event is not equipped to monitor or supervise such special conditions or needs as would the parent if he/she were present.
- I certify it is safe for my child to participate in all event activities notwithstanding the special conditions, and notwithstanding any possible lapse in medication, or possible interaction with other people or circumstances that may affect the special conditions.
- I release and indemnify the event from all claims and liability stemming from the special conditions, including, without limitation, any claim, illness, or injury, resulting from the event's failure to properly administer medicines for the special conditions, failure to recognize a situation which might be potentially harmful to a person with the special conditions, or failure to recognize the onset of an episode of the special conditions.

4. **PERMISSION TO SECURE EMERGENCY SERVICES:** I give permission to event staff to secure usual and customary medical and/or legal services for my child if needed in an emergency circumstance at the event. I as parent/guardian will be responsible for the costs of such services if not covered by my insurance.

5. **INSURANCE COVERAGE:** My child is covered by medical insurance: YES NO
If yes, list the name of the insurance company: _____ and the policy number: _____.

I understand that if my child has no health/accident/medical insurance coverage, I will be responsible for the payment of all expenses which may be incurred due to treatment at the event of an illness or injury.

6. **EMERGENCY CONTACTS:** During the event, I may be contacted day or night, as follows:

(name) (_____) (_____) _____
(evening phone number) (day phone number)

If I can not be reached in an emergency, the following two individuals will know of my whereabouts and/or have my permission to represent my wishes regarding medical or other emergency care for my child:

(name) (_____) (_____) _____
(evening phone number) (day phone number)

(name) (_____) (_____) _____
(evening phone number) (day phone number)

Signed: _____ (signature of camper)	Date: _____
Signed: _____ (signature of parent or legal guardian)	Date: _____

Sign and Return with Your Application