

PARENT PERMISSION-RELEASE FORM

I, _____, the parent/guardian of (student's name) _____, understand and permit my child to participate in all the activities of camp. I release International Connections and any representative thereof of any and all liabilities for my child.

Parent or Guardians Signature

Date

AUTHORIZATION FOR MEDICAL CARE OF A MINOR

I, _____, the undersigned parent or person having legal custody or legal guardian of _____, do hereby authorize Chris Belyeu or Rhonda Gaines to consent to any x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care to be rendered to the above named minor under general or special supervision and upon the advice of a physician, surgeon, or dentist in the event I cannot be reached by phone.

In giving this consent, I recognize and understand that in situations where the above named minor requires immediate medical or hospital care, it may not be possible to contact me. I authorize a physician, surgeon or dentist to exercise his professional judgment and assume the risks incident to and choose the necessary treatment from the available alternatives and to render such care and perform such treatment as he in his professional judgment determines to be necessary for the health of safety of the above name minor.

The above minor is allergic to the following medication(s):

Prescription medications used:

Parents/Guardians having legal custody

Date