

LOWER MICHIGAN YOUTH CAMP
July 19-22, 2021 Pigeon Creek County Park Ottawa County, Michigan
Medical Authorization and Release Form

COVID-19 UPDATE *If you are sick with any type of illness when camp opens, please do not come. Also, due to the nature of outdoor group camping we are unable to observe strict social distancing guidelines at camp. For instance, students will share tents and prepare meals together. Good personal hygiene and cleanliness practices during camp will be emphasized as always, but if you feel you would be uncomfortable under these circumstances then please join us next year instead.*

Child's Name _____

Date of Birth _____ Sex M F

Parent/Guardian Name _____

Parent/Guardian Address _____

Phone Number (home) _____

Phone Number (other) _____

Name of Child's Physician _____

Phone of Child's Physician _____

Health Insurance Company _____

Policy and/or Group No. _____

Allergies or Special Health Considerations:

Medical Release

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent/Guardian's Signature Date _____

Liability Release

I give permission for my child to attend Lower Michigan Youth Camp activities. I release Lower Michigan Youth Camp and individuals from liability in case of accident during activities related to the camp, as long as normal safety procedures have been taken.

Parent/Guardian's Signature Date _____