



## PERMISSIONS AND WAIVERS

Return this form to Washtenaw Camp Placement Association  
3135 S. State Street, Suite 350-D, Ann Arbor, MI 48108

CAMPER'S NAME \_\_\_\_\_

NAME OF CAMP TO BE ATTENDED \_\_\_\_\_

**Permission to Provide Necessary Treatment or Emergency Care:** I hereby give permission to the medical personnel selected by the Camp Director to order X-rays, routine tests, treatment; to release any record necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization, for my child. I accept full responsibility for any charges related thereto. I also give permission for the medical personnel selected by the Camp Director to give my child over-the-counter medications as needed.

**Release of Medical Records:** I hereby authorize Washtenaw Camp Placement Association to release my child's medical records to the camp he or she is scheduled to attend.

**Release to Share Other Information:** I hereby authorize Washtenaw Camp Placement to share information related to my child's campership with affected parties who have a need to know said information.

**Publicity Release:** I hereby give permission to Washtenaw Camp Placement Association and to the camp my child is attending to take photographs and/or audio or video recordings of my child and to use them, as well as oral and written utterances, for educational, professional, and publicity purposes.

**Transportation Liability Waiver:** I hereby fully release Washtenaw Camp Placement Association from any liability related to transportation provided in connection with the campership awarded to my child.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date signed

Please print name of Signer: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_