

Camp Wingmann Notarized Authorization

***REQUIRE**

Parent/Guardian Authorizations:

D*

This health history form is correct and complete as far as I know. The person herein described has permission to engage in all camp activities except as noted.

I hereby give permission to the camp to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to camp to arrange necessary related transportation for my child.

The Executive Director will notify parents in the event of camper illness or injury. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above.

This completed form may be photocopied for trips out of camp.

I understand that Camp Wingmann, while taking every precaution, will not be responsible for personal injury or loss of property, however occasioned.

I have read and understand the information necessary to send my child to Camp Wingmann. As his/her legal guardian, I approve this application. I understand that the registration deposit and camp fee is not refundable.

Camper's Name: _____

Signature of parent/guardian _____

Printed Name _____

Date _____

The foregoing instrument was acknowledged before me this ____ day of _____, 2022,

by _____, who is personally known to me or who has

produced ___ Drivers License or Military ID as identification.

(Notary Public)

My Commission Expires: _____

(seal)

For Camper:

I understand and agree to abide by any restrictions placed on my participation in camp activities.

Signature of camper _____

Date _____