



***PARENT/GUARDIAN CARE CONSENT FORM***

WHEREAS, (my child) \_\_\_\_\_, wishes to be a camper at Camp Wabanna which will be taking field trips, and,

WHEREAS, certain circumstances and situations may occur resulting in my child's need for medical/dental care and treatment, and further resulting in my inability to give personal consent for such care and treatment,

THEREFORE,

1. In consideration of permission for my child to participate in said camp program, I, \_\_\_\_\_, being of legal age, authorize Camp Wabanna or any agent of Wabanna Bible Conference, Inc. to act in my child's behalf should I be unable to do so and to consent to reasonable medical/dental care and treatment, including but not limited to diagnostic tests, x-ray examination, anesthesia, surgery, or any other procedures which may be deemed necessary for my child's medical well-being for the duration of the camp stay.

2. I recognize that this consent is given in advance of any specific diagnosis, treatment, surgery, hospital care, or any other procedure required, but is necessary to provide authorization and specific consent for medical/dental treatment and care in my child's behalf due to the nature and destination of the program.

3. Any consent by Camp Wabanna, or any agent of Wabanna Bible Conference, Inc., shall have the same force and effect as if I had personally signed the consent.

4. I certify that I have personal health insurance with:

\_\_\_\_\_  
Company

\_\_\_\_\_  
Policy Number

with no territorial limitations, which will provide coverage for my child during the duration of said program. I understand that no health plan is provided through Camp Wabanna, and any expenses resulting from medical treatment of \_\_\_\_\_ are my sole responsibility. Should Camp Wabanna incur any expenses for the medical treatment of my child, I shall reimburse Camp Wabanna within 30 days of receiving the bill from Camp Wabanna.

5. I am aware that serious illness requiring transportation by ambulance can be quite costly and that coverage for this type of service is not covered by any health plan available through Camp Wabanna. I agree that I am responsible for any expenses that may arise from my child's transportation by ambulance or other extraordinary means.

6. I hereby release and hold harmless Wabanna Bible Conference, Inc. and their officers, and employees from all liability for bodily personal injury, arising as a result of medical/dental treatment given pursuant to this prior consent.

7. By signing below, I acknowledge and accept the risks of physical injury associated with participation in the camp program and field trips. Except for gross negligence on the part of the camp, I accept personal financial responsibility for any bodily or personal injury sustained during the camp program or field trips. Further, I promise to release and hold harmless Wabanna Bible Conference, Inc. and its representatives for any injury related to the activity.

If a dispute over this agreement or any claim for damages arises, I agree to resolve the matter through a mutually acceptable arbitration process.

\_\_\_\_\_  
Signature of Parent/Guardian                      Date

*As the signatory above, I release to Camp Wabanna all photographs and video of my child taken at camp.*

On this \_\_\_\_\_ day of \_\_\_\_\_, before me, the undersigned, a Notary Public in and for said state of \_\_\_\_\_ personally appeared \_\_\_\_\_, known to me (or proved to me on the basis of satisfactory evidence) to be the person who freely and voluntarily executed the within agreement and acknowledged to me that he/she executed the same for the purposes therein stated.

\_\_\_\_\_  
Notary Public

My commission expires:

(Notary Seal)