

**PATIENT CONSENT FORM**

ATTENTION: Parents/Legal Guardians-Did you know that if your child has an accident or illness in your absence-except in the case of injuries which threaten life or limb- patient under the age of 18 years old must have a parent or legal guardian sign a consent form before treatment can be given in an *emergency room*? You can save time and the concern of the person to whom you entrust the care of your child, should this be necessary during your absence. It is important to include any allergy, illness history and medications that your child is taking as well as the name of the child's physician and last tetanus immunization.

Camper's Full Name (patient) \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Parent/Guardian's Best Contact Phone # \_\_\_\_\_

Add. Phone \_\_\_\_\_ Health Insurance Carrier \_\_\_\_\_ Subscriber \_\_\_\_\_

Employer \_\_\_\_\_ Health Ins. Phone \_\_\_\_\_ Ins ID \_\_\_\_\_

Family Medical Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

Current Medications \_\_\_\_\_ Allergies \_\_\_\_\_

Pertinent Medical History \_\_\_\_\_

In the event that your efforts to reach me are unsuccessful, I, Parent or legal guardian, consent to Emergency evaluation, treatment and/or admission to the closest receiving medical facility as determined by the physician in charge of the care of the above-named person.



\*Signature \_\_\_\_\_ (parent/guardian) Date \_\_\_\_\_

**TRANSPORTATION RELEASE**

I give permission for (name) \_\_\_\_\_ to transport my child from Adirondack Baptist Association Camp at the close of camp. Photo ID may be requested from this individual.

**Release for Temporary Leave**

I give permission for my child to leave camp for (activity) \_\_\_\_\_ on (date) \_\_\_\_\_ at (time) \_\_\_\_\_. He/She will be returning at (time) \_\_\_\_\_. (Name) \_\_\_\_\_ will be transporting him/her. Photo ID may be requested from this individual at the request of camp staff.

\*My child is to have no contact with \_\_\_\_\_.

ABA Camp participants who participate and/or engage in related activities waive and release ABA Camp from any claim for personal injury of property loss or damage. Attendees agree to carry insurance and/or cover such.

- I give person for sunscreen/bug spray to be administered to my child as needed and for him/her to carry.
- I hereby give permission to the medical personnel selected by the Camp Director to order X-rays, tests, and treatment for me/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 hospitalize, secure proper treatment for, and to order injection and/anesthesia and/ surgery for my child as named above.
- I understand that during the course of my child's stay at camp, they may be photographed or videotaped and may be used in future camp promotional materials and/or posted on the camp website.



\*Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Checkout signature: to be signed when leaving camp \_\_\_\_\_ Date \_\_\_\_\_