

PATIENT CONSENT FORM

Camper’s Full Name (patient) _____ Date of Birth _____ Sex _____

Address _____ Parent/Guardian’s Best Phone # _____


Health Insurance _____ Ins. Phone # _____ Subscriber 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. 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.

 **Signature of 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 engage in related activities waive & release ABA Camp from any claim for personal injury of property loss or damage. Attendees will carry insurance and/or cover such.

- I give permission for sunscreen/bug spray to be administered to my child as needed.
- I understand that ABA Camp is not responsible for any lost or stolen items.
- 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.
- I give permission to the ABA Camp staff to search my child’s belongings, as needed, at any time. No vaping, any tobacco or any drug use will not be tolerated, and I will be called if any of these are found or used.

 ***Signature of parent/guardian** _____ **Date** _____

Checkout signature: to be signed when leaving camp _____ **Date** _____