

Elks Camp Grassick Consent Form

Camper's Name _____

Medical Treatment

First aid will be available at camp and medical and/or hospital care will be provided in case of serious illness or injury. I understand that if serious illness or an accident occurs, I give permission to any of the local emergency medical teams, local first response teams, local ambulance squads, including Kidder County Ambulance, or personnel of Elks Camp Grassick to transfer/transport my child/me to the nearest medical facility for medical attention. I give permission for emergency treatment or surgery as recommended by the attending physician.

My preference of medical facilities: _____

No preference

_____ (Camper or Parent/Guardian Initials)

Permission to Dispense Needed Medications

I give permission to other members of Elks Camp Grassick's office staff or counselor to dispense prescribed or needed medication in the event the camp nurse is absent for any reason when the medications are needed. These medications will be set up and monitored by the camp nurse. Charting and records will be kept of any medical attention given to me while at camp.

_____ (Camper or Parent/Guardian Initials)

Permission to Photograph

Permission to use photographs or videotapes of my child/me is hereby granted to Elks Camp Grassick and the ND Elks Association to be used as part of newspaper articles, television segments, brochures, posters or other publications or promotional materials in order to promote the camp and its programs and good works.

_____ (Camper or Parent/Guardian Initials)

Signature of Camper or Parent/Guardian _____

Date: _____