

## CONSENT TO TREAT MINOR CHILDREN

Please print all information

I,	, parent or legal guardian of		
		, born	, do hereby consent
to any medical care deter	rmined by a physician	to be necessary for the welfare of	my child while said child is under
the care of <u>CAMP LIK</u>	E MAX and I am no	ot reasonably available by telephor	ne to give consent. CAMP LIKE
MAX is not liable for an	y treatment administe	red by a physician or medical faci	lity. This authorization is effective
from <u>June 18, 2021</u> to	o <u>June 20, 2021</u> .		
Signature of Parent or Legal Guardian		Witness Signature	
	ADD	OTTIONAL INFORMATION:	
Camper Mailing Address	s:		
City:	State:	Zip:	
Telephone:			
Guardian One:	home	work work	
Guardian Two:	home	work	
Child's Birthdate:	Last Tet	anus:	
Allergies to drugs or foo	ds:		
Special Medications, Blo		Information	
Child's Physician	Phone		
Insurance		Policy #	
Policy Holder's Name			
Preferred Hospital			



## PHOTO USE RELEASE FORM

I,	, hereby grant and authorize	<u>CAMP LIKE MAX</u> the
right to take, edit, alter, copy	y, exhibit, publish, distribute and make	use of any and all pictures or
video taken of my registered	d camper(s) to be used in and/or for lega	ally promotional materials
including, but not limited to	, newsletters, flyers, posters, brochures	, advertisements, fundraising
letters, annual reports, press	kits and submissions to journalists, we	bsites, social networking sites
and other print and digital co	ommunications, without payment or an	y other consideration. This
authorization shall continue	indefinitely, unless I otherwise revoke	said authorization in writing.
_	these materials shall become the proper	2
	ereby hold harmless, and release <u>CAN</u>	MP LIKE MAX from all
liability, petitions, and cause	es of action.	
 Legal Guardian		
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