

CONSENT TO TREAT MINOR CHILDREN Please print all information

I,	, parent or legal guardian of		
		, born	, do hereby consent
to any medical care determ	mined by a physician to	be necessary for the welfare of a	my child while said child is under
the care of <u>CAMP LIKE</u>	EMAX and I am not 1	easonably available by telephon	e to give consent. CAMP LIKE
MAX is not liable for any	r treatment administered	by a physician or medical facili	ty. This authorization is
effective from	to		
Signature of Parent or Legal Guardian		Witness Signature	
	ADDIT	IONAL INFORMATION:	
Camper Mailing Address:	·		
City:	State:	Zip:	
Telephone:			
Guardian One:	home	work	
Guardian Two:	home	work	
Child's Birthdate:	Last Tetan	us:	
Allergies to drugs or food	ls:		
Special Medications, Bloo	od Type or Pertinent Inf	ormation	
Child's Physician		Phone	
Insurance		_ Policy #	
Policy Holder's Name			
Preferred Hospital			

This consent form should be completed for each camper. It should be taken with the child to the hospital or physician's office should the child be taken for treatment.



PHOTO USE RELEASE FORM

I, ______, hereby grant and authorize <u>CAMP LIKE MAX</u> the right to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all pictures or video taken of my registered camper(s) to be used in and/or for legally promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits and submissions to journalists, websites, social networking sites and other print and digital communications, without payment or any other consideration. This authorization shall continue indefinitely, unless I otherwise revoke said authorization in writing.

I understand and agree that these materials shall become the property of <u>CAMP LIKE MAX</u> and will not be returned. I hereby hold harmless, and release <u>CAMP LIKE MAX</u> from all liability, petitions, and causes of action.

Legal Guardian

Date