

Parental Consent Form

I understand that no camper will be admitted to camp without required health information submitted to Lighthouse Summer Camp.

I understand that the camp cannot administer prescription drugs to my child. All medications will be self-administered by the camper. The medication must be sent in a properly labeled container provided by a pharmacy and is accompanied by a specific written authorization from the prescribing physician and there is written consent from the parent. The camper must be able to identify the medication and the proper dose in order to self-administer medication.

In the event that I cannot be reached in an emergency, I hereby give permission to the physician or dentist selected by the camp to hospitalize, secure proper treatment for and to order injections, anesthesia or surgery for my child.

My child/children, _____, has/have permission to participate without restriction in all regular and special programming, including out of camp trips unless I notify the camp otherwise in writing. I understand and realize Lighthouse Summer Camp will follow safety procedures and safety precautions but that all physical activities include a certain risk and that Lighthouse Summer Camp assumes no liability for injury or damages arising from the result of participation.

I also give Lighthouse Summer Camp permission to use my child's voice, testimonial, and/or picture in any type of promotional material, press releases, and news stories about Lighthouse Summer Camp. I understand that I can notify Lighthouse Summer Camp if this is unacceptable.

Parent/Guardian Name (please print) _____

Parent/Guardian Signature: _____ Date: _____