

BOTH SIDES OF THIS FORM MUST BE READ AND SIGNED

Prairie River Camp

Authorization for Medical Treatment Form

Prairie River Camp is owned by south Central MN Youth for Christ, Inc.,
and will hereafter be referred to as Prairie River Camp

Please Print

Participant's Name: _____ **Birth Date:** _____

Parent/Guardian: _____ **Relationship:** _____

Address: _____ **City:** _____ **State:** _____ **Ph (____)** _____

Authorization for Medical Treatment

This release and consent gives Prairie River Camp permission to take my child to the nearest available medical facility and have any necessary emergency treatment administered.

I understand that every effort will be made to contact me. However, in case of emergency, if I cannot be reached, I hereby give Prairie River Camp permission to act on my behalf in seeking medical treatment by qualified personnel for my child in the event that such treatment is deemed necessary or advisable for my child's health, safety and welfare. I release Prairie River Camp and all medical providers from liability in acting on my behalf in this regard in rendering such medical treatment.

In an emergency, you may call the person listed below in the event a parent cannot be reached:

Name: _____ Phone (____) _____

Comments regarding my child's medical history, allergies, or drug reactions, etc., which may be needed in the case of any emergency treatment:

Current Medications: (Medications must be sent with participant in their original containers.)

<u>Medication name</u>	<u>For</u>	<u>Dosage</u>
_____	_____	_____
_____	_____	_____

Date of last tetanus or booster _____
Health Insurance Co.: _____ Group No.: _____
Phone Number (____) _____
Insured under whose name?: _____ SS# of insured _____
Participant's Doctor: _____ Phone (____) _____

Not Currently Insured – Prairie River Camp reserves the right to subrogation if it is later determined that personal medical insurance was in place.

Prairie River Camp is compliant with the Health Insurance Portability and Accountability Act (or HIPPA).

NOTE: I understand that my personal insurance will be primary coverage for any accident and that Prairie River Camp's insurance is secondary up to a maximum of \$25,000 (\$750 for dental claims). Prairie River Camp's policy does not cover illnesses. If you have questions, please contact Prairie River Camp, 507.373.1015.

I have read and understand both sides of this agreement.

Signature Required: _____ **Date:** _____

SEE OTHER SIDE

Revised 11-09-04

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Prairie River Camp

Release of Liability and Consent Form

Prairie River Camp is owned by south Central MN Youth for Christ, Inc.,
and will hereafter be referred to as Prairie River Camp

Please Print

For: _____
(name of event)

Date: _____
(inclusive dates of event)

Affiliated with: South Central MN Youth For Christ, Inc.
(name of chapter)

Phone: (507)373.1015
(phone # of chapter)

Local Contact: _____

Name of Participant: _____ **Birth date:** _____

Address of Participant: _____
(City) (State) (Zip Code) (Phone)

Release of Liability

I understand that participating in Prairie River Camp activities is a privilege. In consideration of this privilege, I release Prairie River Camp, including its directors, volunteers, employees and agents from any physical injury including death or illness while participating at a Prairie River Camp activity, including Prairie River Camp sponsored travel to and from this activity.

I understand that my child and/or I may participate in any number of activities, some of which include, but are not limited to, recreational activities and games. I understand that there are certain risks associated with any activity; I will assume responsibility for these risks, whether known or unknown to me at this time. This release is also intended to include all claims of my family, estate, heirs, personal representative or assigns.

If I am under 18, my parent or guardian, by signing below, also consents to my release and he or she agrees that this release shall be binding upon him or her as my parent or guardian as to me and my estate, heirs, personal representatives and assigns. My parent or guardian also promises, by signing below to defend, indemnify and hold Prairie River Camp harmless from any claim asserted by me against Prairie River Camp, including its directors, volunteers, employees and agents, if I should repudiate this release after obtaining adulthood.

Consent

I hereby grant permission to Prairie River Camp the right to use, reproduce, and/or distribute photographs, films, video-tapes, and sound recordings of my child, without compensation or approval rights, for use in materials created for purposes of promoting the activities of Prairie River Camp.

I have read and understand both sides of this agreement.

Signature Required: _____ **Date:** _____
Relationship to Participant (Circle one): Parent Guardian

Signature of minor participant: _____ **Date:** _____
(If participant is emancipated, proof must be provided prior to activity)

SEE OTHER SIDE

Revised 11-09-04