

# CAMP GILMONT SUMMER CAMP

## Parent Permission for Student to Attend

### Permission to Attend:

I hereby grant my permission for the student named below to attend Camp Gilmont Summer Camp, 2008 \_\_\_\_\_.

I understand that the travel to Camp Gilmont will be by guardian and travel at the camp may include hayride or buggy. All normal precautions will be taken in the interest of safety and well-being. It is understood, however, that the Presbyterian Camps at Gilmont, Inc., and their respective directors, agents, employees, and volunteer sponsors will not be held liable for any accident, injury, or illness that might occur. The privilege to go on this trip carries with it the obligation for a student to conduct himself in such a way that credit will be reflected upon the student, school, and home represented. Correct dress and behavior for this particular trip will be observed. The behavior guidelines are included and must be executed (signed) by at least one parent, as well as the student.

Student's Name: \_\_\_\_\_ Male \_\_\_ Female (check one)  
Parent's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Address \_\_\_\_\_  
Email Address: \_\_\_\_\_

\* **Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Emergency Information:

Family Doctor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Mother's name: \_\_\_\_\_ Mother's employer: \_\_\_\_\_

Mother's working hours: \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_\_

Father's name: \_\_\_\_\_ Father's employer: \_\_\_\_\_

Father's working hours: \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_\_

*If, for some reason, I am not available at the above numbers, please contact (friend, relative, neighbor)*

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Parents of minors will be notified in the following situations: When an injury or illness requires treatment by a physician off-site, when camper is in an emergency situation, when camper has a fever of over 100 degrees, when camper is repeatedly going to the camp nurse/healthcare personnel for the same symptoms, and the problem is disrupting the camp experience for the camper.

FOR MEDICAL TREATMENT: I hereby authorize the camp nurse to provide routine health care for my child. In the event that my child should need immediate healthcare until the nurse is available, I authorize a staff member, certified in First Aid and CPR to provide healthcare for my child. In case of accident, sudden illness, or in the event that I cannot be reached immediately by telephone, I hereby give permission to the following: James Hilliard, Operations Director; Thomas Truitt, Camp Gilmont Director; the Camp Nurse; or, a physician named by one of these personnel, to provide medical care for my child, including referral to a physician chosen by one of these personnel for medical care, and arrange appropriate transportation (e.g. ambulance or staff vehicle, as appropriate) to the medical care facility. I authorize the above named school and outdoor school administration to secure medical treatment, which may include the administering of treatment, ordering of X-rays, routine tests, and or treatment by a physician or hospitalization, for the person named above. I further instruct the above named administration to grant my designees the power to act in loco parentis until such time as I can assume my responsibility. I further understand that just as at my child's school, medical care is my financial responsibility.

\* **Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_