

First Universalist Church of Minneapolis Summer Camp  
**Child & Youth Participation Release/  
Authorization for Emergency Medical Treatment**

I, \_\_\_\_\_, the undersigned, am the legal Parent or Guardian of \_\_\_\_\_, my son or daughter. I grant permission for my child to participate in First Universalist Church Summer Camp activities between June 22, 2015 and July 31, 2015.

I agree and hereby do release and hold harmless First Universalist Church and/or any and all Summer Camp paid or volunteer supervisors for any and all liability which may arise for damages, loss or injuries, either to person or property, which my son/daughter may sustain while engaged in camp activities, including, but not limited to, any damages, loss or injuries that may be sustained through transportation to and from the activity. I further agree to assume responsibility for any liability which may arise for damages, loss or injuries, as described herein, which may be caused or contributed to by my son/daughter to the person or property of others.

Should any injury occur, I grant permission for my son/daughter to receive medical treatment from an appropriate health care provider to be selected by the adult supervisor on duty, when, in such supervisor's opinion, the need for such treatment is immediate, and when efforts to contact the parent(s) at the phone number(s) listed below are unsuccessful. I also agree to pay and be responsible for all medical, hospital, or other expenses which First Universalist Church and/or any and all camp supervisors may incur as a result of securing such treatment.

**Parent(s) Name(s):** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**In addition to the above, do you also grant permission for your child to enter the wading pool at Bryant Square Park?** \_\_\_\_\_

**Home Address(es):** \_\_\_\_\_

Phone numbers to reach parent(s) during camp:

Phone # 1: \_\_\_\_\_

Phone # 3: \_\_\_\_\_

Phone # 2: \_\_\_\_\_

Phone # 4: \_\_\_\_\_

In addition to parent(s) listed above, my child may be picked up from camp by these adult(s) (write "none" if not applicable):

\_\_\_\_\_  
**Emergency Contact** (other than parent) Name and Relationship to Child: \_\_\_\_\_

Phone # 1: \_\_\_\_\_

Phone # 2: \_\_\_\_\_

**Child's Primary Physician:** \_\_\_\_\_ **Physician's Phone #:** \_\_\_\_\_

**Health Insurance Provider:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_ **Group #:** \_\_\_\_\_

**Daily Medications/Dosage** child is taking (write "none" if not applicable): \_\_\_\_\_

**Child's Allergies** (write "none" if not applicable): \_\_\_\_\_

**Child's Dietary Restrictions/Special Food Needs:** \_\_\_\_\_

**Child's Special Needs** (emotional, social, behavioral and/or physical): \_\_\_\_\_

**Accommodations** (how can we adapt activities to facilitate your child's participation?): \_\_\_\_\_

\_\_\_\_\_  
**Will/Might prescription medication need to be administered at camp** (such as an asthma inhaler)? If yes, how and when should it be administered, and at what dosage? (write "none" if not applicable): \_\_\_\_\_

**All campers receive a camp shirt! Please circle your camper's T-shirt size:** Youth sizes: XS, S, M, L Adult sizes: S, M, L, XL, XXL