

MND SUMMER SPORTS CAMP • RELEASE AND WAIVER FORM

This form must be completed and signed before a camper is permitted to participate in camps sponsored by Mount Notre Dame High School.

In consideration of my child's application being accepted, I, intending to be legally bound, do hereby, for myself, my heirs, executors and administrators, waive, release and forever discharge any and all legal rights and claims for damages, which my child may accrue in participation at the Mount Notre Dame camps. I hereby discharge Mount Notre Dame High School, their agents and employees, from any and all injury or damages sustained by the participating child, arising from or out of said participation.

I give permission for my daughter's picture to be used on MND's website or in any publication, video, or CD-ROM that promotes the school.

Child's Name_____

Parent/Guardian Signature_____

Date_____

MOUNT NOTRE DAME HIGH SCHOOL EMERGENCY MEDICAL AUTHORIZATION

Camper Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____ Telephone _____

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under the school's authority, when parents or guardians cannot be reached.

A. Residential Parent/Guardian

Mother's Name _____ Daytime Phone Number _____ Cell _____

Father's Name _____ Daytime Phone Number _____ Cell _____

Other Name/Relationship _____ Daytime Phone Number _____ Cell _____

B. Name of Relative or Childcare Provider _____

Name _____ Relationship _____

Address _____ Phone Number _____

*****PART I or PART II MUST BE COMPLETED AND SIGNED*****

Part I MUST BE COMPLETED TO GRANT CONSENT: I HEREBY GIVE CONSENT FOR THE FOLLOWING MEDICAL CARE PROVIDERS/LOCAL HOSPITAL TO BE CALLED

Doctor's Name	Phone Number
Dentist's Name	Phone Number
Medical Specialist	Phone Number
Local Hospital	Emergency Room Phone Number

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist, and (2) the transfer of the child to any hospital reasonable accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Allergies to foods: _____

Allergies to Medications: _____

Medications camper is taking: _____

Physical conditions to which a physician/school should be alerted: _____

Date _____ Signature of Parent/Guardian _____

Address _____

DO NOT COMPLETE PART II IF YOU COMPLETED PART I

PART II – REFUSAL TO CONSENT

I DO NOT give my consent for emergency medical treatment of my child. In the event of illness or injury required emergency treatment, I wish the school authorities to take the following action:

Date _____ Signature of Parent/Guardian _____

Address _____