

# SLOVENSKI CAMPS RELEASE FORM

I, \_\_\_\_\_, give permission for \_\_\_\_\_  
(Parent or Guardian) (name of camper)  
to attend and participate in the Slovenski Camps program.

I authorize the staff of the camp to use their best judgment in treating and allowing my child to receive emergency/medical or surgical treatment if necessary.

I hereby:

1. certify that, to the best of my knowledge, the medical information is complete and correct.
2. agree to assume all risk of personal injury arising from participation in this camp, understanding that camps involve the potential for injury and illness.
3. agree not to hold the staff responsible for any injury sustained or sickness contracted during camp
4. agree not to bring suit against Slovenski Camp staff or the Slovenski Camps
5. agree to allow the Camp Directors to use sound judgment in obtaining necessary medical care  
At the expense of the parent.
6. agree to accept any decisions made by the Camp Director in terminating attendance due to unacceptable behavior.
7. allow photographs, videos, and other media or recordings taken at camp to be published on by the camp.

List medications your child needs during camp: \_\_\_\_\_

I give my permission \_\_\_ for my child to self-administer his/her medication and to keep it in his/her possession at camp. OR \_\_\_ for the camp to keep and administer his/her medications.

I do / do not (circle one) give my permission for the camp to administer Tylenol or Advil to my child as needed.

Does the camper have a severe allergy to some allergen? Yes or No (circle one)

If yes, does he or she require Benadryl and/or carry an epi-pen? Yes / No (circle one)

If yes, explain: \_\_\_\_\_

In case of allergic reaction, I give the camp my permission to administer Benadryl or the epi-pen.

Parent's phone(s): \_\_\_\_\_

An emergency / alternative contact person is: \_\_\_\_\_

and can be reached by phone at: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent)

\_\_\_\_\_  
(Date)