

*** This form must be submitted with an original signature from your physician**

2009 ARETE SWIM CAMP

Consent for Treatment of Minor

Camper name _____ Age _____ Sex F M

I, the undersigned, as the parent or legal guardian of the above minor (camp participant) hereby authorize the designated camp physician to perform such diagnostic, medical/and or surgical treatment on my child as may be deemed necessary in order to assure the safety of my child. It is distinctly agreed and understood that the medical personnel participating in the care of my child shall not be responsible in any way for the consequences resulting from such said diagnostic, medical and /or surgical treatment and are fully released from any and all consequences of such treatment, diagnosis or surgery, provided that these duties are performed with ordinary care and to the best of their ability.

Signature of Parent/Legal Guardian _____ Date _____

Print Parent/Guardian name _____ Date _____

Party responsible for medical bills (name of insured): _____

Insurance Company Policy # Insurance Company Phone

★Physician Release

I hereby certify that I have examined (name of camper) _____ and have found her/him physically fit to attend and participate in the Arete Swim Camp. I know of no impairments which would limit her/his participation in all camp activities except those listed below. I further certify that she/he is free from any and all contagious diseases.

Restrictions and/or comments _____

Date of last tetanus immunization: _____ Date of last examination _____

Physician _____ Physician's Phone _____

Office Address _____ City _____ State _____

Physician Signature _____