

**This form must be completed and delivered to the Camp Instructor on the first day of camp.  
Campers **MUST HAVE AUTHORIZATION ON FILE.****

*Redwoods Community College District*

**MEDICAL AUTHORIZATION AND ACKNOWLEDGEMENT OF RISK**

All reasonable measures will be taken to safeguard the health and safety of campers, and you will be notified as soon as possible in case of emergency. However, in the unlikely event that a serious emergency arises, it may become necessary for a physician to attend to your child before the staff could get in touch with you.

Student's Name \_\_\_\_\_

Address \_\_\_\_\_ Date of birth \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Note any special medical condition(s) or allergies** \_\_\_\_\_

(I) (We), the parent(s) or legal guardian(s) of the above-named student, a MINOR, do hereby authorize the Camp Director, or designated staff member as agent for the undersigned to consent to any first aid, x-ray examination, anesthetic, medical or surgical diagnosis, or treatment rendered through the facilities of the nearest physician or licensed hospital, \_\_\_\_\_, whether such diagnosis or

(Preferred hospital)

treatment is rendered at the office or said hospital. I will assume full financial responsibility for all medical, nursing, or surgical care, including transportation for my child.

I understand and acknowledge that:

- These activities, by their nature, pose the potential risk of serious injury/illness to individuals who participate in such activities;
- Some of the injuries/illnesses which may result from participating in these activities include, but are not limited to, sprains/strains, fractured bones, unconsciousness, head and/or back injuries;
- Participation in these activities is completely voluntary and, as such, is not required by the District;
- In order to participate in these activities, I agree to assume liability and responsibility for any and all potential risks which may be associated with participation in such activities;
- I agree that the District, its employees, officers, agents, or volunteers shall not be liable for any injury or illness suffered by me, which is incidental to and/or associated with preparing for and/or participating in this activity.

***The undersigned agrees to defend, indemnify and hold harmless the Redwoods Community College District, its Board of Trustees, officers, agents and employees, individually and collectively, from and against all costs, losses, claims, demands, suits, actions, payments and judgments, including legal and attorney fees, arising from personal or bodily injuries, property damage or otherwise, however caused, brought or recovered against any of the above that may arise for any reason from or during or be alleged to be caused by the undersigned.***

Parent/Legal Guardian's Printed Name \_\_\_\_\_

Parent/Legal Guardian's Signature \_\_\_\_\_

Daytime Number \_\_\_\_\_ Alternate Number \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Subscriber Name and Number \_\_\_\_\_

Name of Alternate Contact Person \_\_\_\_\_

Relationship \_\_\_\_\_ Telephone # \_\_\_\_\_