

Medical Release Statement

Name: _____ Gender: _____ Date of Birth: _____

Parent's/ Guardian's Name: _____ Phone Number: _____

Address: _____

The health history provided on my child's application is correct so far as I (we) know, and the person herein described has permission to engage in all prescribed camp activities except as noted.

Authorization for treatment: In the event that I (we) cannot be reached in an emergency, I (we) hereby give permission to the medical personnel selected by Keystone Camp personnel to secure and administer treatment including x-rays, routine tests, hospitalization, and necessary related transportation for my child. I (we) hereby release and covenant with **Promised Land Camp** and **Keystone Mennonite Fellowship** that I (we) will never, individually or as legal guardians of said individuals, institute any action at law or in equity for any personal injuries, or injuries to property, real or personal, caused by, or arising out of, camping and other related activities sponsored by **Promised Land Camp** and **Keystone Mennonite Fellowship**, its successors and legal representatives.

Signature of parent(s)/ guardian(s):

Father: _____ Mother: _____

Date: _____