



YMCA Camp High Harbour Services Emergency Medical Release Form



Your Organization Name: Dunwoody Girl Scouts
 Date of Retreat: Fri. Aug 17, 2007 to Sun. Aug 19, 2007
 Name: _____ Sex: _____ Age: _____
 Parent or Guardian: _____
 Address/City/State/Zip: _____
 Phone (Home): _____ Phone (Work): _____
 Pager: _____ Cell Phone: _____

Emergency Contact: _____
 Name: _____ Relationship: _____
 Address: _____ Phone Number: _____

Health History:

Asthma	Yes	No	Allergic to Insects Stings	Yes	No
Heart problems	Yes	No	Allergic to Medications	Yes	No
Diabetes	Yes	No	Allergic to Foods	Yes	No
Daily Medications	Yes	No	Operations	Yes	No

If YES, Please Describe _____

This Date Must Be Filled In:
 Last date of Tetanus, (DPT or Tetanus Booster), Month _____ Year _____

Emergency Authorization:

By signing this form, I hereby give my permission to the camp personnel selected by the Camp Director to order x-rays, routine tests or treatment for me or my child, and in the event that I can not be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and/or anesthesia and/or surgery for me or my child as named above. I also give permission to the camp personnel to administer Tylenol and other over-the-counter medications in cases deemed necessary by the Camp Director.

Release Liability:

In consideration of YMCA Camp High Harbour Services allowing my child the opportunity to participate in its programs:

- 1.) I attest and verify that my child is physically fit, and sufficiently trained to participate in all activities associated with the program or event noted above. My child's participation in activities and events organized or sponsored by the YMCA is voluntary.
- 2.) I am aware that there are risks to my child's personal safety or property in conjunction with their participation in activities and events, and on behalf of my child I assume all risks associated with my child's participation in activities and events organized or sponsored by the YMCA, including injuries or illness to person and damage or loss to property.
- 3.) I further agree not to institute any suit or cause of action at law or in equity, or in any form whatsoever, based on personal injuries or illness of my child or to other persons, damage or loss to property, losses, or injuries, known or unknown, arising out of my child's participation in activities and events organized or sponsored by the YMCA. This release of liability does not bar a claim under the Georgia Workers' Compensation Act. O.C.G.A. §34-9-1 et seq.
- 4.) I hereby state that I am the legal guardian of the child identified above and that I am authorized to make this decision. I have read and understand the above stated information.

Parent/Guardian Signature: _____ Date: _____

