

Camp Machasay

Parental Release & Consent Form

(17 years and younger)

Name of volunteer: _____

I hereby give permission for my child to serve as a volunteer at Camp Machasay, coordinated by _____. In the event of an emergency during the duration of the trip, I hereby give consent to a licensed physician to hospitalize, secure proper treatment, anesthesia and/or surgery for my child named above.

I understand that I am responsible for his/her own medical insurance and will not hold Camp Machasay liable for any injury or damage to my child while engaged in this project.

I will allow my child to work on roofs with supervision yes___ no___

Parent/Guardian Signature: _____

Home Telephone: _____ Work Telephone: _____

Your relationship to participant: _____

Insurance company: _____

Does your child have any physical limitation that might affect his/her work?

List any allergies/medications: _____

Date of last tetanus shot: _____

Special needs if any: _____

Volunteer Signature: _____ Date: _____