



For Staff Member Use Only

- Consent to Photo/Video
- Consent to treat
- Excluded from activities
- No contact

Photo Consent

Please check only ONE box. Thank You!

I CONSENT for my child to be photographed (including video photography), which may be used in the camp photo, camp video, other advertising and public displays.

OR

I DO NOT CONSENT for my child to be photographed (including video photography), to be used in the camp photo, camp video, other advertising and public displays. *Please inform your camper that this means they will not be in the camp video or camp photo.*

Medical, Dental, or Hospital Care

I consent for my child to receive basic treatment from the camp medical staff, and to receive over-the-counter medications as necessary, with the exception of (please list any medications child is allergic to, or you do not wish him/her to receive): _____.

For an emergency medical situation, I consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care under the supervision and upon the advice of a licensed physician. I understand that every effort will be made to contact me should any medical situation arise.

Involvement in camp activities

I consent for my child to attend and participate in all activities provided by Baptist Youth Camp. My child is to be **excluded** from the following activities: _____

No Contact

*If anyone is not to have contact with the camper, please list names and attach information regarding applicable court order (s):) _____

Signatures

Camper Full Name

Camper Signature

Parent or Guardian printed name

Parent or Guardian Signature

_____/_____/_____
Date

Phone Number

Emergency Number