

# Camp Hope

PO Box 1622, Litchfield, CT 06759 Phone: (860) 201-1035 FAX: (860) 567-3086  
e-mail: [dave@camphope.com](mailto:dave@camphope.com) website: [www.CampHope.com](http://www.CampHope.com)

**YOU MUST BRING, MAIL, OR FAX THIS PORTION TO THE CAMP GROUNDS!**

## MEDICAL RELEASE PORTION

List any allergies or physical limitations \_\_\_\_\_

List any medication required at camp (time/dose instructions from camper's Doctor to Camp Nurse MUST accompany all prescriptions)

\_\_\_\_\_  
Date of last physical \_\_\_\_\_ (Copy of latest physical MUST be sent to Camp)

Physician's name/ telephone # \_\_\_\_\_

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

### The Parent/Guardian agrees:

- 1) To accept the responsibility to communicate these rules and expectations to the Camper prior to the Camper's arrival at the camp.
- 2) The camp is not responsible for the safety, damage or loss of any personal effects including clothing and personal equipment.
- 3) That because certain camp activities are dangerous and carry risk of serious injury or death; the undersigned will not hold the Sponsoring Church, Child Evangelism Fellowship, Urban Hope, Inc., Camp Hope, or any of their members, officers, or staff liable for any illness, accident or mishap.
- 4) To indemnify and hold the camp harmless from any and all liability in connection with:  
a) any claims made against the camp by any other parent of this Camper or b) any claims made against this Camper by any other parent or any other camper.
- 5) To authorize Urban Hope, Inc. to release the name and/or photograph/or video of the Camper for use in news media publications and Internet.
- 6) That the undersigned Parent or Guardian has full authority to enroll the Camper, to authorize participation in camp activities, to authorize medical care for the Camper and to contract for same.

### Medical Authorization

The above information of this camper is correct. Camper is in satisfactory medical condition and has permission to engage in all activities, except as noted above. I hereby consent to the administration of any and all over-the-counter medicine(s) as directed by the Camp Doctor (with the exception of \_\_\_\_\_). IN CASE OF EMERGENCY, I hereby give my consent for the administration of any medication, treatment or aid deemed necessary by the appropriate licensed physician, physician's assistant, dentist, registered nurse, or emergency personnel.

**Parent/Guardian signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please Print Name:** \_\_\_\_\_