



BUCKHORN CAMP

SUMMER CAMP & RETREAT CENTER

CAMPER NAME: _____

Health & Treatment Waiver

To my knowledge this health history is correct. The person herein described has permission to engage in all camp activities except as noted.

I hereby give permission to the camp to provide, seek, and consent to routine health care, administration of prescribed medications, and emergency treatment for me/my child, as may be necessary including, but not limited to x-rays, routine tests and treatment, and/or hospitalization. I also give permission for the camp to arrange related transportation. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. In the event of no medical insurance coverage, I assume responsibility of any and all payments, fees, or charges incurred in the event of necessary medical treatment for _____. In the event that medical treatment is necessary, Buckhorn Camp assumes no responsibility for any related fees, expenses, or charges.

It is my intention that the camp be treated as acting in loco parentis if the person herein named is a minor. Further, it is my intention that the appropriate representatives of the camp be treated as "personal representatives" for the purpose of disclosing protected health information pursuant to the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996. I hereby agree (pursuant to 45 CFR 164.510(b) to the disclosure to camp representatives of the protected health information of the person herein described, as necessary: (1) to provide relevant information to the camp representatives related to the person's ability to participate in camp activities; (2) in the case of minors, to provide relevant information to the camp representatives to keep me informed of my child's health status.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp or other uses in the normal camp operation.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____



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Travel/Liability/Photo/Media Waiver

I hereby give permission for my child (person related to this application) to go on trips away from camp premises, whether on foot or by vehicle. I give permission for my child to participate in rock climbing, boating, and challenge course activities while at Buckhorn Camp, excluding the activities listed below. I understand that these are activities that involve a degree of risk, and that only qualified leadership will be used. I understand that by signing this waiver I am releasing Buckhorn Camp Leaders from all liabilities in the event of an injury or accident. I also give my permission for any necessary medical/surgical treatment that may be necessary in the unlikely event that an accident should occur. I also give my permission for voice recordings, photos, and videos taken during camp participation to be used by Buckhorn Camp for promotion. I have also read, understood, and have shared with my child Buckhorn Camp's rules and regulations and discipline policies.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____