

CAMP Animal Care Consent and Release Form

Child's Name: _____ Parent/Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____ E-Mail: _____

Home Phone: _____ Parent/Guardian's Work Phone: _____

Parent/Guardian's Cell Phone: _____

Personal Release Statement

I, _____, being parent/guardian of _____, understand that the registered activities and services may have an element of hazard or inherent danger and I take full responsibility for my child's actions and physical condition. I agree to indemnify and hold the Greenville County Animal Care and its employees harmless from any liability, loss, cost or expense (including attorney's fees, medical, and ambulance costs) that may occur while my child is participating in the Greenville County Animal Care's activities.

Signature of Parent/Guardian

Date

Agreement to Participate

I, _____, being parent/guardian of _____, understand that by my child participating in CAMP Animal Care, there will be a degree of difficulty or an injury may occur if my child does not abide by the safety standards and policies explained to them verbally by staff or received in a written format. I understand the energy required to participate and that my child will be interacting with animals. I understand that for my child to safely participate in CAMP Animal Care they must follow the rules. Lastly, I understand that if an accident does occur, I am obligated for any and all resulting medical costs, ambulance costs, and other expenses that arise.

Signature of Parent/Guardian

Date

Photo Release

I hereby grant full permission to the Greenville County Animal Care to use any photographs, video-tapes, recording or any other record of this activity that includes images of my child for any legitimate purpose whatsoever.

Signature of Parent/Guardian

Date

NEXT →

Parent/Guardian Consent for Emergency Medical Care – Camp Animal Care

(All information will be kept strictly confidential and used for emergency purposes only)

In any life threatening situation, we start medical treatment immediately. But, in less serious cases, we are required to obtain parent/guardian consent before treating a child. When parents are not readily available, obtaining the consent can take time and delay treatment.

We will make every effort to contact you first for directions related to care, but if this is not possible, this form will allow the physician to begin treatment.

Please list current medications your child is taking and any additional related comments:

Where to Reach Parent/Guardian

Primary Contact _____

Secondary Contact _____

Information About Child

Child's name(first/middle/last)_____

Date of birth_____ Last tetanus shot_____

Existing medical problems_____

Allergies_____

Family physician_____ Phone_____

Parent/Guardian Consent

This is to certify that the bearer of this document has my permission to authorize necessary emergency medical care for my child by the attending physician or others whom he/she may choose. I accept financial responsibility for necessary treatment and services.

Parent/Guardian's name _____

Signature_____ Relationship to child_____

Date_____ Witnessed by_____

Home address_____

Home phone_____ Work phone_____

Insurance company/plan_____ Group no._____