

Camp Huston

Permission Slip - Activities & Photo Release

Participant's name: _____ date of birth _____

PERMISSION TO ENGAGE IN YOUTH GROUP ACTIVITIES AT CAMP HUSTON

Permission is hereby granted by the undersigned for my child to participate in all organized activities during the period of: **October 5, 6, 7, 2018**

We take full responsibility for the actions of our child and relieve all adults and the Church of Holy Cross of any liability in conjunction with these activities.

EMERGENCY MEDICAL CONSENT

We give permission for our child(ren) to attend Camp Huston youth retreat and we understand that if we cannot be contacted, for our child to be treated at any hospital or licensed health care facility by any physician when deemed immediately necessary or advisable by the physician to safeguard our child's health. I waive the right of informed consent to such treatment. when, in the sole discretion of the attending physician, such care, treatment, and procedures are immediately necessary or advisable in the interest of my child(ren)'s health and well-being. I understand that I am responsible for payment of any medical bills incurred for my child.

EMERGENCY INFORMATION

In case of emergency, please contact:

(Parent or guardian) (Phone)

(Additional contact) (Phone)

My child has the following **physical limitations, dietary restrictions** and/or is taking the following **medications** (if none, write that here):

Health Insurance Company: _____

Policy Number: _____ Name of Insured: _____

PHOTO RELEASE

In addition we give permission for photographs of our child(ren) taken during Holy Cross activities to be used in Holy Cross publications, on the Holy Cross Website and in Diocese of Olympia Publications.

Signature of parent/guardian date

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