



# Consent Form

Dear Parent or Guardian,

Thank you for registering your camper for Medeba Summer Camp. In order to complete your application, we ask that you fill out this Consent Form and return it to Medeba. We require the signature of a legal parent or guardian in order to ensure that you have read and agree to the following conditions.

## PARENT OR GUARDIAN CONSENT

I, as parent or guardian;

1. Have legal custody of the herein named child(ren) applying to Medeba.
2. Declare that the herein named child(ren) is/are in good physical and emotional health, and amenable to Medeba authority.
3. Will ensure that the herein named child(ren) will leave all personal electronic devices at home while at Medeba.
4. Am responsible for payment of fees and any other expenses incurred by my herein named child(ren).
5. Declare that the herein named child(ren) attending Medeba Summer Camp is/are covered by their provincial health plan or equivalent medical insurance.
6. Declare that I have submitted my child's up-to-date medical information and agree with the following Consent to Treatment statements:
  - To the best of my knowledge, my child is in good health. If my child becomes exposed to any serious/ infectious disease within four weeks of attending camp, I will notify Medeba.
  - In case of surgical emergency and I am not available for consultation, I hereby give permission to the physician selected by the Summer Camp Director or designate to hospitalize, secure proper treatment for and to order injections, anesthesia, or surgery for my child.
  - I give permission for Summer Camp Health Personnel and trained personnel to administer stock medications that are approved by a physician in case of minor injury, and/or illness during my child's stay at Medeba. I may request this list of stock medications and specify medication not to be given.
  - I also give permission for Summer Camp Staff to provide Standard First Aid to my child as appropriate.
  - I give permission for Summer Camp Health Personnel and trained personnel to administer medications provided by me as per indicated on this form.
  - I give permission for Epinephrine to be administered as ordered by physician to my child in case of an anaphylactic (serious allergic) reaction.
  - I agree that all the information given on the Camper Health Form is correct and complete.
  - By signing, I agree to pay all health related expenses and treatments not covered by the Provincial Health Plan (ie. lice treatments, medications, dressing supplies, etc.)
7. Give permission to Medeba to use any photograph of the herein named child(ren) for promotional material.
8. Give permission for the herein named child(ren) to participate in Medeba Summer Camp, its facilities, programs and activities. All physical programs and activities have risks and I understand there are physical risks and hazards inherent in any program or activity. I am allowing my child to participate and understand that I am exposing my child to inherent risks and hazards. I agree to accept all risks and hazards and be responsible for any injury or other loss which may occur during the participation of my child(ren). I understand that reasonable precautions shall be taken to ensure the health and safety of the herein named camper(s).
9. By providing my personal information and signing this form, I understand and agree with Medeba's Privacy Policy as outlined at [www.medebea.com/about-us/public-policies/privacy/](http://www.medebea.com/about-us/public-policies/privacy/).

**I have read and understand the above Parent or Guardian Consent, the conditions of enrollment, and cancellation policies of Medeba.**

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Child(ren):**

- 1) \_\_\_\_\_ Program Dates Attending: \_\_\_\_\_
- 2) \_\_\_\_\_ Program Dates Attending: \_\_\_\_\_
- 3) \_\_\_\_\_ Program Dates Attending: \_\_\_\_\_