

**Camp Swampy 2024**  
**Parental Authorization Form**  
*For Camp Swampy Activities and Medical care*

**Name of Camper** \_\_\_\_\_ **Date of Birth** (MM/DD/YYYY) \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Dates of Camp:** July 8-12, 2024

**This form must be returned to the Camp Registrar, Kathy Olson, or returned with the child when reporting to camp. Failure to do so will result in the child NOT being able to participate in the camp activities.**

**I hereby:**

- Affirm there is no need of a doctor’s examination prior to camp based on current physical health, or that such an examination has been obtained and included with this registration.
- Authorize Camp Swampy staff to dispense over the counter medications as need arises and prescription medications based on instructions provided.
- Give permission to the medical personnel selected by the camp to order x-rays, routine tests, treatment, to release any records necessary and to provide or arrange medical transportation for my child. In the event that I cannot be reached, I hereby give my permission to the physician selected by the camp to secure and administer treatment, including hospitalization for my child.
- Allow my child to participate in all camp activities, including but not limited to swimming, swim raft, canoeing, kayaking, paddle boating, tubing, Camp Swampy Paintball Safari course, Dead Eye Alley BB gun range, group recreation, and other activities authorized by the Camp Director. In doing so I voluntarily accept the risk and agree that Camp Swampy and any of its staff or volunteers will not be liable for injuries resulting from my child participating in camp activities.
- I freely and voluntarily assume complete personal responsibility for these risks and injuries that may occur as a result of these risks, even if such injuries occur in a manner that is not foreseeable at the time this agreement is signed.
- Understand that Camp Swampy reserves the right to dismiss a camper whose action, behavior, or attitude, in their judgment is contrary to the best interests of the camp.
- Agree that any pictures or video taken of my child at camp may be used by Camp Swampy for art, advertising, or promotional literature. I waive my right to inspect or approve the finished product or copy.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Limited Permission:** If there are exceptions to your permission for your camper to participate in the items listed above, please list here the items to which you do NOT give permission:

\_\_\_\_\_  
*By signing below, I hereby grant the permissions spelled out on the top of this form WITH THE EXCEPTION OF THE ITEMS which I have written out on this form.*

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_