

ACCEPTANCE OF HEALTH SERVICE EMERGENCY TREATMENT

If my child _____ age _____, should become ill or injured during camp, I DO HEREBY GIVE MY PERMISSION for my child to receive all necessary medical attention if the need arises, including permission for my child to be transported to and seen and/or treated by the nearest hospital in the vicinity of the event. Need shall be determined solely at the discretion of the emergency medical provider and/or the professional staff supervising or coordinating the activity, trip or event.

SIGNATURE OF PARENT/GUARDIAN

RELATIONSHIP TO CHILD

DATE

PARTICIPANT MUST HAVE MEDICAL INSURANCE

Name of Insurance Company

Group Number

Policy Number

Name of Policy Holder/Relationship to Participant

PHOTO RELEASE

I authorize Baldwin Wallace University to use photographs of my child and his/her work for promotional purposes which may include Baldwin Wallace University online and print publications or submission to the press for use in articles or advertisements.

Yes No

Parent/Guardian Signature _____ Date _____