

PARENT'S (GUARDIAN) CONSENT TO TREATMENT & PERMISSION FORM

I (we) hereby give **Authority and Permission**, for the Camp Staff and /or Doctor in charge, to authorize any *Emergency Medical or Surgical Attention* to any x-ray examination, anesthetics, medical or surgical diagnostic, or medical treatment procedure deemed necessary for their treatment, by a medical team or emergency physician. I (we) **Release** Illiana Cadet Council and any church or church agent from any and all liability for any damage, injury or loss arising out of actions taken in good faith in connection with the Event, regardless of whether caused by the negligence of any party hereby released.

I (We) do hereby give permission for my (our) son to attend the Illiana Council Kickoff campout from September 15 - 17, 2023 and any other function or authorized outing offered by the Illiana Cadet Council or our church Cadets during this 2023 - 2024 season. I (We) understand that my (our) son must comply with any and all Illinois State Park regulations OR if he is acting in a manner that the camp director deems it necessary to expel him for the remainder of the campout, I (we) will be responsible for transporting my (our) son home.

Cadet Name: _____ **Date:** _____
(printed)

Parent's (Guardian) Name: _____ **Date:** _____
(printed)

Parent's (Guardian) Name: _____ **Date:** _____
(signature)

CADET MEDICAL STATEMENT:

EMERGENCY CONTACT: (please print)

Contact's Name(s): _____

Contact's Phone Number: _____

Alternative Phone Number: _____

Date of Cadet's Last Tetanus Booster: _____

Family Doctor: _____

Phone Number: _____

Insurance Name: _____

Policy / ID Number: _____

Please list any physical disability, allergy, medication, medical or diet restrictions that your son may have. The Staff *MUST* be aware of any conditions which may affect his participation in the campout.

Church Name: _____ Club#: _____