## Village of Haverstraw Day Camp Release, Waiver and Consent Form

I am the parent/legal guardian of	, who is, with my
	e camp program. In the event that I am not
immediately available, should the part	ticipant suffer a serious or life-threatening injury for
which emergency medical treatment n	nay be necessary, I hereby authorize an appropriate
adult staff member to engage qualified	d medical personnel to initiate any necessary
medical treatment or care. In the even	t of such an injury, it is understood that camp staff
will use all reasonable efforts to notify	y me (or the emergency contact listed on my child's
	initiating medical treatment for any such injury to
the participant. Should neither party b	e available, I hereby give permission to any such
physician or other medical personnel t	to provide medical treatment deemed medically
appropriate.	
I understand and agree that I am respo	onsible for all medical care expenses incurred to
treat the Participant's injuries including	ng, without limitation, physician, hospital, lab, drug
	olicies or coverage are available to cover the cost of
care to treat any injury incurred by the	e participant:
InsuranceCompany	Policy#
Signature of	
Parent/Guardian:	Date:
* 4	
	ome after the Village of Haverstraw Day Camp
	permission for child to leave camp WITHOUT
adult supervision.	
Signature of	
Parent/Guardian:	Date:
There is no place to lock up valuables	of any kind therefore; we recommend that
	arge sums of cash, and other expensive items such
as jewelry to camp. We suggest perm	anent labels for all your child's things but
ultimately, participants are responsible	
I read the above information and unde	erstand that Village of Haverstraw Day Camp will
	st, stolen, or damaged items that are brought to
camp.	<u>-</u>
Signature of	
Parent/Guardian:	Date: