

Parent/guardian Approval

We or I (parents/guardian) approve this application and certify that our child is in good health. Acceptance of this application is contingent upon the camper passing a physical exam by a family physician within twenty-four months before leaving for camp. Please note that The Bauen Camp does not furnish accident/illness medical insurance. Medical bills, including all prescription drugs, are the responsibility of parents or guardians.

The Bauen Camp is not responsible for lost, stolen, or damaged personal items.

The Bauen Camp has my permission to use any photographs taken of my child in its annual camp promotion.

I do hereby give permission for The Bauen Camp to transfer child off the camp property for the purpose of medical care or program activities as deemed appropriate by the Camp Director. In the event I cannot be reached in an EMERGENCY, I hereby give my permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, or order injection, anesthesia or surgery for my child. [Until we communicate, The Bauen Camp will personally care for my child.]

We or I (parents/guardian) have read and agree to all conditions of this application.

Signature of Parent/Guardian

Date

Signature Required