

Parent/Guardian Consent and Medical Treatment Release Form

I, \_\_\_\_\_ the parent/guardian of  
\_\_\_\_\_ grant him/her permission to fully  
participate in the following activity:

Summer Camp, July 22-28, 2018 at Rock Mountain Bible Camp

By registering my child for Winter Camp, it is agreed that I hold the Reformed Episcopal Church and its subsidiaries, agencies, servants or employees blameless for all activities, and blameless of neglect. I hereby grant permission to the director of the Camp to obtain medical care from a licensed physician, hospital, or medical facility for my child in the event that I cannot be reached. In the event that I do not have medical insurance, I claim full responsibility for all medical costs incurred by my child. I realize the possession of prescription and non- prescription drugs not presented to the Nurse or Director upon arrival, as well as cigarettes and all other tobacco products, alcoholic beverages, controlled substances, knives, weapons of any kind, fireworks, or pornographic material, will result in the immediate dismissal of my child from this event. Additionally, I understand that if my child is involved in disciplinary problems including, but not limited to fighting or belligerent behavior, I will be required to pick up my child immediately. I understand that in the case that I cannot be reached, the pastor will be responsible for pickup. I hereby grant release for the COYPW of the Reformed Episcopal Church to use photographs and video footage taken at camp to promote the camping program or for any other lawful purposes.

Parent/Guardian Signature

I, \_\_\_\_\_, the student, promise to obey the rules  
and follow directions of all adults for my safety and enjoyment.

\_\_\_\_\_

Student Signature

\_\_\_\_\_

Pastor's Signature