

My child may use sun screen

yes _____ no _____

Emergency medical release

I give permission for Belle Meade Camp staff to obtain medical treatment for my child at my expense in the event of injury or sudden illness. If my child needs to be transported to an emergency facility, that decision will be made by the emergency team which responds to the call. The emergency medical team and the treatment facility have my authorization to provide treatment which a physician deems necessary for the well being of my child. I give permission for the camp staff to administer emergency medical attention to my child until I can be contacted.

Signature of parent/guardian Date

Permission / Waiver

My child has my permission to participate in the swimming program and to go on hikes and excursions. I assume all risks associated with my child's participation in Belle Meade Camp. I understand that reasonable precautions will be taken for my child's safety. I release Belle Meade owners and staff from all responsibility for accidents or personal injury.

Signature of parent/guardian Date