



KID KAMP

Emergency Treatment Release

A minor may not be treated even in an emergency situation except when, in the opinion of the physician, a life is in the balance. The Greenfield Parks and Recreation Board requests that you sign and complete this form so we can be prepared should medical help be deemed necessary and we cannot reach you.

As a parent/guardian, I hereby authorize the treatment of _____ (*name of minor*) by a qualified medical practitioner in the event of a medical emergency which, in the opinion of the practitioner, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. Authority is granted only after a reasonable effort has been made to reach me.

This release form is completed and signed on my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signed: _____ Relationship: _____
Parent/Guardian

Parent/Guardian: _____ Phone: _____

Address: _____

City/State/Zip: _____

Family Physician: _____ Phone: _____

Please specify allergies, chronic illness or other medical conditions we should be aware of:

Alternate emergency contacts:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____





Greenfield Parks and Recreation “Kids Kamp” Program PERMISSION SLIP - Sunscreen

Today’s Date: _____

I, as Parent or Guardian, Give Permission for _____
(Participant First and Last Name)

To have sunscreen applied by a Kid Kamp Staff member:

Greenfield Parks “Kid Kamp” Program
All sunscreen must be in a continuous spray form!

Description of Activity

Parental Approval

Staff has permission to apply spray on sunscreen to my child/children

YES

NO

I understand that my child/ward will be obliged to abide by the Kid Kamp Rules.

I have read this Permission Slip and understand its terms. I sign it voluntarily and with full knowledge of its significance.

Parent’s/Guardian’s Signature _____

Relationship to Minor _____

