

Medical and Liability Release

Camper's Name: \_\_\_\_\_

The CCYC staff will assume no responsibility for my child's personal property and are released from liability in connection with medical treatment to my child. In the event I cannot be reached in an emergency, I give my permission to the Camp nurse or director or designated staff to administer and secure proper treatment for my child. I give my permission for non-prescription medications to be administered by camp nurse with the following exceptions:

\_\_\_\_\_  
(Please note: ALL medications (prescription or over the counter must be given to camp nurse. No medications may remain with campers.)

I also give my child permission to participate in all CCYC activities except as noted:

Parent/Guardian:

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency phone (\_\_\_\_\_) \_\_\_\_\_

\_\_\_ Copy of insurance card must be attached