

**CONSENT TO MEDICAL DIAGNOSES AND TREATMENT,
RELEASE OF AUTHORIZED MEDICAL INFORMATION AND
CHILD ABUSE REPORTING REQUIREMENTS**

Consent to Medical Diagnoses and Treatment

The undersigned guardian of _____ (“Camper”), a minor, by consenting to allow Camper to attend Dan Hebert Camp Hope (“DHCH”) and to participate in DHCH activities, hereby permits DHCH’s medical and nursing staff to render necessary first aid to Camper in the event of an accident, illness or injury, and to control the administration of prescribed medication brought to DHCH by Camper, the undersigned, or other parent(s)/legal guardian(s) of Camper as designated by the undersigned.

If Camper requires medical attention for any serious illness or injury, the undersigned hereby authorizes DHCH, its agents and employees, under the special instruction of a licensed physician or health care provider, to provide medical care, including, without limitation, taking x-rays, administering anesthesia, making medical or surgical diagnoses and administering necessary treatment to Camper, including, if necessary, hospital services, whether such diagnosis or treatment is rendered at the office of said physician, at a licensed hospital or at DHCH.

By signing this consent, the undersigned acknowledges that his/her consent to treatment of Camper is being given **in advance of any specific diagnosis or treatment that may be necessary**, and such consent authorizes DHCH, any licensed physician or health care provider chosen by DHCH to provide medical assistance to Camper and to exercise his/her best judgment as to Camper’s medical treatment.

In the event of a medical emergency or need for medical aid, Camper will be taken to the nearest health care provider, whether it be an emergency room or otherwise. **Should the need for medical care arise, the undersigned will be held financially responsible for all costs incurred in rendering or providing medical attention to Camper.** DHCH is not obligated to provide insurance for Camper’s care nor will DHCH assume financial responsibility for medical assistance provided to Camper.

The undersigned hereby acknowledges that in the event of a major accident or serious illness of Camper, **all reasonable effort** will be made to reach the undersigned or any such person undersigned designates for such purpose prior to rendering treatment to Camper, **but that treatment will not be withheld if the undersigned cannot be reached.** The undersigned hereby acknowledges that his/her consent to the actions discussed above is **immediately effective upon signing this consent**, and such consent shall remain in continuous effect until explicitly revoked in writing by undersigned or until Camper is removed by the undersigned or another parent/legal guardian designated by undersigned from the care of DHCH.

THE UNDERSIGNED HEREBY AGREES TO RELEASE DHCH FROM ANY AND ALL LIABILITY ARISING OUT OF ANY MEDICAL CARE RENDERED TO CAMPER BY ANY PHYSICIAN OR HEALTH CARE PROVIDER WHILE CAMPER IS PARTICIPATING AT DHCH IN ANY CAPACITY OR UNDER THE CARE OF DHCH, INCLUDING BUT NOT LIMITED TO TRANSPORTATION TO AND FROM DHCH, TO THE FULLEST EXTENT PERMITTED BY LAW.

Undersigned’s Initials

Release of Medical Information

The undersigned hereby authorizes any hospital, licensed physician or health care provider who attends to or examines Camper to furnish DHCH’s insurance company or its representative any and all information with respect to any illness, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical records of Camper, as needed, to the fullest extent permitted under federal law. A copy of this authorization shall be considered as effective and valid as the original.

Undersigned’s Initials

Information on Reporting Child Abuse

The California Child Abuse and Neglect Reporting Act establishes procedures to report and investigate child abuse (including, without limitation, sexual abuse, neglect, statutory rape, lewd or lascivious acts, and corporal punishment), and imposes an obligation to report child abuse on certain individuals, including most health care providers. If any member of the DHCH staff has knowledge of or observes a child whom a staff member knows or reasonably suspects has been the victim of child abuse or neglect, DHCH will file a report with the proper authorities, and such report will include (i) the child’s name, address, location, school, grade and class, (ii) his or her guardians’ names, addresses and phone numbers, and (iii) the names, addresses, phone numbers and other relevant information about the potential abuser(s).

If any part of this Agreement is held invalid or unenforceable by any court of competent jurisdiction, the other provisions of this Agreement shall remain in full force and effect.

This consent and any disputes or claims arising out of or in connection with it shall be governed by and construed in accordance with the law of the State of California

BY SIGNING BELOW, the undersigned attests that (i) he/she has **carefully read and fully understands the** contents of this consent, and (ii) signs the consent of his/her own free will on his/her own behalf and on behalf of Camper.

CAMPER:
Signature: _____
Camper’s Name: _____
Relationship to Undersigned: _____
Date of Birth: _____

GUARDIAN:
Signature: _____ Print Name: _____
Date: _____ Phone: _____
Address: _____
Additional emergency contact/ phone: _____