Consent Forms

Photography release
I authorize Union University to store and/or use (without payment) any photography and/or video of my child for public relations, marketing, advertising, internal training purposes, and/or other forms of communication.
Parent/Guardian Signature ________________________

Emergency Medical Consent
In the event that reasonable attempts to contact me and the alternate individual that I have designated are unsuccessful, I hereby give my consent to the program administration for any treatment deemed necessary by the physician, dentist, and/or hospital listed below:
   Preferred Physician/Phone ________________________
   Preferred Dentist/Phone ________________________
   Preferred Hospital/Phone ________________________
In the event that the designated professionals listed above are not available, I hereby give my consent for program administration to make decisions on the best/closet medical provider. The program administration will not approve any major surgery without parental permission unless the medical opinions of two other licensed physicians/dentists, concur with the necessity for such surgery and those opinions are obtained before surgery is performed.
   Parent/Guardian Signature and Date ________________________

Liability Waiver
I am the parent/legal guardian of __________ (Child). As a condition of Child’s participation I forever waive Union University, the camp staff and its directors, officers, employees, and agents harmless from any and all claims liabilities and or damages arising from Child’s participation in the camp. I understand that Child will not be permitted to participate in the camp without signing this agreement.
   Parent/Guardian signature and Date ________________________

Emergency Medical Information:
Activity restrictions or precautions ________________________
ANY Allergies/Sensitivities (food, medication, environmental) ________________________
Medication child is currently taking* ________________________
   *Please note that camp staff cannot dispense any medication to a child. Please call to discuss if this poses a problem.
Special needs or important information about your child’s medical history/behavior ________________________

Please list an alternate individual who may be contacted if your child should become ill or needs to be sent home:
   Name/Relationship/Phone ________________________
   Parent/Guardian Signature/Date ________________________

Alternate Pick-up Authorization
I authorize the following individuals to pick up my child from the program:
   Name/Relationship/Phone ________________________
   Name/Relationship/Phone ________________________