

Name of Responsible Adults while at camp:

Local phone number for these adults:

Child/Youth Consent Form

(Must be completed for all persons under 18 years of age)

Please NOTE: If the child is in foster care, then the child's worker must sign.

Name of Child: _____

Date of Birth: _____ Grade level in most recent school year: _____

Allergies: _____

List any medications that parents/responsible adult will be administering during camp: _____

List any medical conditions that could require emergency attention: _____

In the event of an emergency illness or injury, I authorize the Camp staff to act for me according to their best judgment to protect the health and safety of the child, including providing emergency medical attention. I waive and release FACES of Virginia Families and Camp staff from any liability in providing such care.

Signed: _____

Relationship to child: _____

This child has permission to participate in all camp activities led by camp staff, planned and unplanned with the exception of:

By signing this consent, I am releasing FACES of Virginia Families from any liability from any injuries the child may sustain while participating in the Camp.

Signed: _____

Relationship to child, if different than listed in medical consent: _____

While at camp it is understood that Camp Staff and other friends and families may take photographs. All camp staff and campers will be informed to not publicly post photographs of children wearing red

lanyards. Please sign here if you wish this child to wear a red lanyard, so that pictures are not posted publicly. (Children for whom public photos are permitted will be wearing a different color of lanyard.)

Signed: _____

Relationship to child, if different than listed in medical consent: _____

Please provide the following information for children in foster care:

Name of worker: _____

Worker's Agency: _____

Emergency contact information, including after hours phone number: _____

I declare that I am the parent or legal guardian for this child and that I have legal authority to grant the listed consents. This consent will be in effect throughout Camp FACES.

Signed: _____

Date: _____

I understand that I am responsible for being present during the duration of the Camp so long as this child is at the camp. I understand I am responsible for this child except when the child is in a planned activity with camp staff. When leaving this child at a planned activity, I will inform the camp staff of my whereabouts at the camp and will retrieve my child if deemed necessary.

Signed: _____

Signed: _____

Signed: _____