

Delaware Burn Camp Corp.
Parental/Guardian Authorization Form

I am the parent/guardian of (camper's name) _____. My child may attend and participate in a weeklong interactive camping program at Camp Barnes, Inc, located in Sussex County, Delaware.

In the unlikely event that my child should require emergency medical care, I hereby authorize a representative of the Delaware Burn Camp to seek prompt emergency or urgent care for my child. I specifically authorize the representative to execute any document, on my behalf, that would ordinarily be required of a parent/guardian to undertake the necessary medical procedures.

If such care is required, I will assume, as my own debt, all reasonable medical expenses associated with the care of my child.

Further, I release, for all time, any manner of liability or claim for injury, of whatever nature, any physician, hospital, subcontractors, when they act in good faith reference upon this medical authorization.

Parent/Guardian _____

Street Address _____

City /State /Zip Code _____

Home Phone _____ Cell phone _____

Employer _____

Work phone _____

Additional Authorizations

Yes, you can take my child's picture. We are hoping to place photos on our web site for your enjoyment.

No, I would prefer that my child's picture not be taken.

If yes or no is not marked above it will indicate that authorization is granted.