

CAPNWP HEALTH CARE PERMISSION TO TREAT FORM

CAMPER'S NAME: _____

NAME OF CAMPING PROGRAM: _____

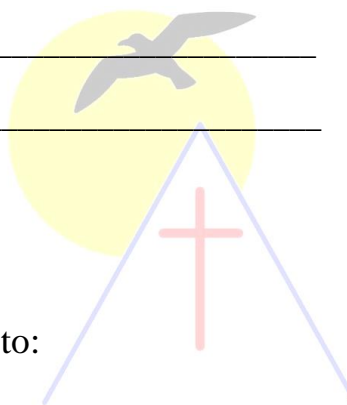
AUTHORIZATION TO TREAT: I hereby give my permission to the medical personnel selected by the camp director to order x-rays, routine tests, treatment and necessary related transportation for my son/daughter _____. If I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment including hospitalization for the above named camper.

Signature of parent or guardian: _____

Witness: _____

Date: _____

Camp
Lambee



Please return completed form to:
CAPNWP
PO Box 106
West Sunbury, Pa 16061

CAPNWP HEALTH CARE PARENT NOTIFICATION POLICY

The Camping Association (specifically the Resident Camp Director or Camp Health Supervisor) will notify parents when it is determined that a child needs attention from a medical professional other than the Camp Health Supervisor. The parent will have the option to empower camp personnel to seek such external treatment or the parent may come to camp and take the child to a medical professional of their choice. In emergency situations, camp personnel will seek immediate medical assistance via the *Permission to Treat* form while at the same time seeking to notify parents as soon as possible of the situation.

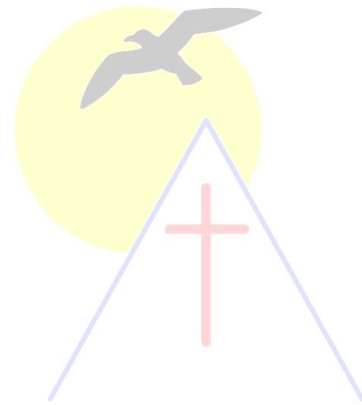
Camp Personnel will also notify parents of any illness which requires a camper to be confined to the camp health center for a period of 24 hours or longer.

Parents wishing to be notified in situations other than those listed above should make their wishes known at the time of the camp health screening.

Parent or Guardian Signature

Date

Camp
Lambec



CAPNWP PHOTOGRAPHY AND VIDEOGRAPHY RELEASE FORM

I, _____ hereby grant my permission to the Camping Association of the Presbyteries of Northwestern Pennsylvania to photograph and or videotape my child _____ during his/her week at Camp Lambec.

I understand that my child's photographs may be posted on the Camping Association of the Presbyteries of Northwestern Pennsylvania's website. There is an additional possibility that your child's photographs may be used for promotional purposes.

Signature of Parent/Guardian: _____

Date: _____

Camp
Lambec

