



A special camp for kids with kidney disease

Camper Consent Form

Camper Name: _____

I. The undersigned hereby gives permission for the above-named minor to participate in the Camp Kydnie program. I hereby release Camps for Spiffy-Kyds, Inc. and the Camp Kydnie staff members from all legal responsibilities for any injuries resulting from participation in this program.

II. The undersigned hereby grant permission to the medical staff at Camp Kydnie to administer routine and other medication for my child, as well as render any emergency care as required. I know and understand that I am financially responsible for the medical care and treatment rendered to the above named camper if there is a charge for the medical services provided.

III. The undersigned grants permission for the above named camper to be interviewed and/or photographed during the Camp Kydnie program week for the use/publication of such material as a television, magazine, or newspaper story regarding the Camp Kydnie experience as well as including the photos and names on the Camp Kydnie website found at www.campkydnie.org

IV. Camp Kydnie will be compiling a camp directory with camper and staff addresses and phone numbers so friendships can continue throughout the year. I grant permission for this information to be used in this manner.

V. The undersigned grants permission to release information concerning the above-named camper's medical status to the staff of Camp Kydnie. The purpose of this provision is to allow for appropriate medical care, and to help members of the Camp Kydnie group support each other in times of need.

PARENT/GUARDIAN SIGNATURE

DATE