# PERMISSION FOR OFF SITE TRAVEL

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(campers name) has permission to travel off-site with the Camp Talahi Retreat and Nature Center staff and to participate in camp activities. Camp Activities, by their very nature carry certain risks. I acknowledge that my child while attending Camp Talahi Retreat and Nature Center will be participating in activities that involve risk and I, therefore, accept this exposure to risk. I hereby release Camp Talahi Retreat and Nature Center and their staff, along with the staff of any cooperating organizations, of liability from accidents or injuries during my child’s attendance at camp.

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 Parent or Guardian Signature Date

# PERMISSION FOR MEDICAL TREATMENT

In accordance with MCLA Act 116 of the Public Acts of 1973 and the rules of licensing children’s camps, the following authorization must be signed by a parent or guardian unless there is religious objection. MCLA 77.124a, Section 14a(2) states: “A parent or guardian of a minor child who voluntarily places the child in a child care organization shall execute a written instrument investing the organization with the authority to consent to emergency medical treatment of the child. The parent or guardian shall consent to routine, non-surgical medical care.”

I hereby give permission to Camp Talahi Retreat and Nature Center, which is licensed by the Department of Human Services Office of Children and Adult Licensing of the State of Michigan, to secure emergency medical and surgical treatment and to provide routine, non-surgical medical care, for the minor child named above, while attending Camp Talahi Retreat and Nature Center.

I certify that the medical information I have provided is true and complete to the best of my knowledge. I hereby give permission to the medical personnel selected by the camp to order x-rays, routine tests, treatments; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected to secure and administer treatment, including hospitalization, for the person named above. This form may be photocopied for trips off the camp premises.

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 Parent or Guardian Signature Date