

CONSENT TO TREATMENT OF A MINOR

Name of Camper: _____

Date of Birth: _____

Address: _____

Parent/ Guardian Name: _____

Phone Number: _____

I, the undersigned, as the parent or legal guardian of _____ (*name of camper*) (a minor) hereby authorize such diagnostic, medical, or emergency treatment of, and/ or administration of medication to such minor as may be considered necessary or appropriate under the circumstances for the treatment of any condition, illness or injury of the minor. The attending physician, appropriate staff, and Kristin Vesely Softball Camps and its officers, regents, employees, and/or volunteers shall not be responsible in any way for any consequences from said diagnostic, medical and/or emergency treatment, or administration of any medication, and are hereby released from any and all claims and causes of action that may arise, grow out of, or be incident to such diagnosis, treatment, surgery, or administration of medication provided that these services are performed with ordinary care and to the best of their ability.

Signature of Parent/ Legal Guardian

Date