

# Gales Creek Camp Consent Form (Please Print)

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**Campers name**

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**Name of Parent or Legal Guardian Granting Consent**

## **1. Consent for Medical Release and Emergency Treatment**

I grant permission for the medical staff of Gales Creek Camp to administer or supervise the administration of medications as described in the Gales Creek Camp Health History Form to my child. I understand that in the case of a medical emergency every reasonable effort will be made to contact me for permission for treatment. In the event that I cannot be reached, I hereby give permission to the adult in charge of activities at Gales Creek Camp to secure treatment for and authorize hospitalization, injections, anesthesia or surgery as necessary for my child's emergency care. In the event such treatment is not covered by insurance applicable to camp activities, I understand the expenses for such emergency treatment remain my responsibility.

## **2. Media Consent**

I do hereby authorize the photographs, interview, taking of motion pictures and/or television pictures of my child during his/her stay at Gales Creek Camp and consent to the use of any or all such pictures in publications media such as the camp newsletter, camp website or local newspapers. I understand that Gales Creek Camp staff will supervise any planned media events.

- It is okay to include my child in media publications as described above.
- Please withhold our family's name and picture from any media publications.

## **3. Late Camper Pick-Up Policy**

A late charge of \$25.00 an hour will be assessed whenever a child is not picked up by the stated pick-up time. Camp ends for all sessions on Friday at 1:00pm. This charge covers the cost of the camp director and a registered nurse to stay with the child, if not picked up by 3:30pm. In addition, if you are more than two hours late and you have not contacted the camp director at (503) 357-1793 or made prior pick-up arrangements and/or Gales Creek Camp is unable to reach any of your emergency contacts by telephone, Gales Creek Camp is required to notify Services to Children and Families of Washington County. Please provide the name of the individual who will pick up your child at the end of camp. If this information changes please contact the camp director at (503) 357-1793 to assure that your child goes home with the correct person.

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**Name of individual picking up my child**

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**Contact phone number**

**I hereby agree to the terms of the above consent.**

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Parent or Legal Guardian Signature

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Date