

# SPLASH SUMMER CAMP LLC

I request and authorize Splash Summer Camp LLC staff to administer basic first aid and/or take my camper (\_\_\_\_\_) to a physician or hospital for emergency treatment in the event it appears necessary. I give to any physician, dentist, hospital or other health care provider consent to treat my camper as they deem appropriate under the circumstances. I agree that I will be financially responsible for the costs of such treatment and transportation.

I agree

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Print Name

Parent Signature

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Date

Insurance \_\_\_\_\_

Policy # \_\_\_\_\_