



Camp Kydnie

A special camp for kids with kidney disease

2019 Camper Consent Form

Camper Name _____

1. The undersigned hereby grants 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.
2. The undersigned hereby grants 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.
3. If medically necessary, campers will be transported to the Geisinger Medical Center for emergency medical care. 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.
4. The undersigned grants permission for the above named camper to be interviewed and/or photographed during the Camp Kydnie week, for the use/publications of such material as television, magazine, social media, and/or newspaper stories regarding the Camp Kydnie experience. Permission is also granted to include photos and/or videos on the Camp Kydnie website, and in promotional materials for the Kidney Foundation of Central Pennsylvania. (The Kidney Foundation of Central PA is the primary sponsor for the camp.)
5. 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: _____

Printed name: _____