



Himmelbjerget Danish Camp Medical Release & Liability

Original signatures are required. One form per child is required. Signed form(s) should be submitted online or emailed to himmelbjerget@northwestdanish.org.

Camper Name: _____

Medical Release

To the best of my knowledge the health history information provided in my camper's registration is correct and my camper has my permission to engage in all camp activities, with the exception of any physical limitations as described. I understand that every effort will be made to contact me if my child needs emergency medical/surgical treatment, but if it is impractical to do so, I HEREBY GIVE MY PERMISSION to the physician selected by camp staff to secure proper treatment, to hospitalize, or order injection, anesthesia, X-rays, or surgery for my child as named above.

☐ I agree

Release of Liability

I release Himmelbjerget Danish Camp and the Northwest Danish Association of any and all liability if my child is injured, falls ill, or is disabled during the course of camp.

☐ I agree

Non-Prescription Pain Medication

I grant the right for Himmelbjerget Danish Camp Staff to give my child non-prescription pain reliever, if needed, including but not limited to, oral NSAIDs, oral antacids, and/or topical anti-itch cream. Dosages will be administered according to the directions on the bottle.

☐ I agree

Camper Signature

Date

Parent or Guardian Signature

Date