



LLA Summer School Program Consent and Release Form 2025

In the event of an accident, illness, or medical or surgical emergency involving my child _____, I hereby authorize the camp director, doctor, nurse or any administrative personnel, if not able to contact me, to act for me according to their best judgment with respect to the care of my child, including any medical and surgical care. I understand that every effort will be made by the camp administrator to immediately contact me in the event of an emergency.

I hereby release camp and all persons connected therewith from any and all liability and responsible in the performance of above acts and medical services. I understand that I am financially responsible for all costs and expenses, which are not covered by medical insurance.

Signature of Parent/Guardian

Parent Name (Print)

Address

Telephone Number(s)

Emergency Phone

Emergency Contact Name(s)

Any alteration or changes made on this consent and release form may result in delay in receiving proper medical treatment for your child. The hospital and doctors will not accept this form when altered.