

**WATERMARKS CAMP, INC.**  
**MEDICAL CONSENT FORM/LIABILITY RELEASE**  
**(TO BE FILLED OUT BY PARENT OR GUARDIAN)**

1145 James River Road - Scottsville, Virginia 24590 - Phone (434) 286-4403 - Fax (434) 286-3549  
www.watermarkscamp.com



**CAMPER:**

Name: \_\_\_\_\_ Dates Attending: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Entering Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Did you come as an individual or with a group? \_\_\_\_\_ Individual \_\_\_\_\_ Group

Name of Group: \_\_\_\_\_

**PARENT/GUARDIAN (IF UNDER 18 YEARS OF AGE):**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**HEALTH/MEDICAL:**

Health/Medical Problems: \_\_\_\_\_

Drug/Food/Other Allergies: \_\_\_\_\_

Last Tetanus: \_\_\_\_\_ Regular Medications: \_\_\_\_\_

Activity Restrictions: \_\_\_\_\_

Special Diet Needs: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Birthdate of Policy Holder: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

**Watermarks Has Permission to Administer:**

\_\_\_\_\_ Ibuprofen \_\_\_\_\_ Tylenol \_\_\_\_\_ Benadryl \_\_\_\_\_ Neosporin/Triple Antibiotic Ointment



**EMERGENCY CONTACT:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

The undersigned hereby acknowledges that the program(s) in which I have enrolled my child(ren) involves physical activity and exercise that carries some inherent health risks and risks of injury and I hereby assume those risks in enrolling my child(ren) in the program. I understand that my child(ren) may be transported by bus, van or automobile to locations off the Watermarks campus as part of the program activities, and I hereby give my permission for my child(ren)'s transportation. I also grant permission for my child(ren) to receive emergency medical attention should I not be able to be contacted in a timely fashion.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**SPECIFIED CONSENT:**

**By signing below, I grant permission for my child to participate in activities provided by and located at Watermarks Camp. If I do not wish for my child to participate in any activity, it is my responsibility to inform my leader or Watermarks Camp prior to my child's arrival.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

If there are any activities that are known that the parent does not want their student to participate in or any prior injuries that could limit students activities or experience please state below:

\_\_\_\_\_  
Activity Restriction/Injuries

**I, the undersigned, do hereby consent to the use by Watermarks Camp of my child's image or voice in any video, photograph or audio tape used for fundraising, advertising, publicity, or any other purpose on behalf of Watermarks Camp. I also confirm that Watermarks Camp and staff are not responsible for loss or damage of any personal items brought to camp. After campers are registered and confirmed by deposit, there are no cancellations or refunds.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date