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# PARENT/GUARDIAN DAY CAMP PARTICIPATION AUTHORIZATION

**IMPORTANT - Must be signed by a Parent or Guardian in order to for a camper to participate in Day Camp.  
 Please bring with you on the first day of Day Camp.**

**NAME OF CAMPER / PARTICIPANT:** \_\_\_\_\_

## PARENT / GUARDIAN AUTHORIZATION

In signing this authorization, I give permission for this child to attend Camp Hanover Day Camp at the Host Site; to leave the grounds of the Host Site, when accompanied by authorized camp personnel, for approved off-site activities; to be transported in camp approved vehicles, driven by camp approved drivers for camp approved activities; to be photographed/interviewed/recorded and the resulting photo/interview/recording to be used in/on Camp Hanover approved publicity/websites; to fully participate in all approved camp activities even though they may involve some risk.

I consent and give permission to Camp Hanover’s Day Camp Director and designated staff to administer authorized medications, first aid, and/or emergency treatment to my child. In addition, I give permission and consent to Camp Hanover’s Day Camp Director and designated staff to provide or arrange transportation for my child and to select and consent to health care providers evaluating, testing, treating and or hospitalizing my child when in their opinion such services are needed. I consent to the release of medical records and medical information in order to secure medical care and/or payment for medical services.

**Parent/Guardian Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_