



MEDICAL RELEASE

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted.

Authorization for Treatment: The West Ohio Conference of the United Methodist Church, Inc.'s Wesley Camp and Retreat Center ("Wesley Camp and Retreat Center") is owned by and a ministry of The West Ohio Conference of the United Methodist Church, Inc.

I hereby give permission to the medical personnel selected by the Director, or staff member present with the highest level of authority, at Wesley Camp and Retreat Center to order X-rays, routine tests, treatment, and necessary transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Director, or designated representative, of Wesley Camp and Retreat Center to secure and administer treatment, including hospitalization, for my child as named above. **(Note: Parents will be contacted if the camper has an illness or accident that is of concern to the Health Officer and/or Director. Parents will be contacted/consulted in the event that a trip to Urgent Care, emergency room, or other off-site medical attention is necessary. In the event that the parents cannot be reached, the health officer or director will try to reach emergency contact person listed on page on the registration form.)*

Signature of parent/guardian or adult camper/staff

Date