



ROTARY YOUTH LEADERSHIP AWARDS
CAMP RYLA



WAIVER AND MEDICAL AUTHORIZATION

I authorize the Camp Director or any other adult staff member to give all necessary consent for any necessary medical treatment, including doctor’s care or hospitalization or both, to the same extent as I/we could if personally present, that may be required by the above named person while in attendance at this camp, and agree that said medical expenses will be incurred in my/our behalf and I/we agree to pay the same.

I/We also acknowledge that I/we have notified the Camp Personnel of any special medical needs or information (see “Health Certificate/Parent’s Evaluation” attached) required by the above named person. I/We further state that we know of no medical or physical conditions which would prevent the above named person from fully participating in the camp activities.

Dated: _____

Our Insurance Company _____

Policy # _____ Group # _____

Address _____

ATTACH COPY OF HEALTH INSURANCE CARD