**MEDICAL RELEASE**

Camper’s/CIT’s Name:

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In the event of illness or injury, I hereby authorize any board member and executive director or his/her respective designee to consent to any transportation by personal vehicle or ambulance, x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care to be rendered to my child(ren) listed above upon the advice of any licensed physician, surgeon and/or dentist. I understand that The Korean American Youth Foundation, which runs Camp Conifer, and its directors, employees, volunteers, and agents assume no liability of any nature in relation to the transportation or treatment of said child. I further understand that all costs of paramedic transportation, hospitalization and any examination, x-ray or treatment provided in relation to this authorization shall be my responsibility.

Physician’s name and telephone number:

Medical insurance company:

Policyholder’s name:

Policy #:

Group #:

Date of last tetanus booster:

I HAVE READ THIS RELEASE. I FULLY UNDERSTAND IT AND AGREE TO BE LEGALLY BOUND BY IT

Parent/Guardian Name:

Contact Number:

Signature:

Date: