

# 2021 DOWNINGTOWN WEST SUMMER CHEER CAMP WAIVER

This waiver form must be signed by the child's parent or guardian.

## Statement

I understand the Downingtown Area School District, its staff and employees, and the Whippet Cheerleaders are not responsible for any accident or injury occurring to (camper) \_\_\_\_\_ while attending the Downingtown West Summer Cheer Camp, August 2nd- August 5th, 2021.

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

\_\_\_\_\_  
Date

Please list any pertinent medical information of which our staff should be aware:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Authorization and Consent to Medical Treatment for a Minor Child

I, (parent/guardian) \_\_\_\_\_, state that I am the natural parent and/or have legal custody of (child's name) \_\_\_\_\_.

I give permission for my child to receive: \_\_\_\_ Tylenol \_\_\_\_ Benadryl if necessary.

I authorize the head coach and camp director to consent to any examination, anesthetic, x-ray, medical or surgical diagnosis or treatment, and/or hospital care to be rendered to this minor under the general conditions of special supervision and on the advice of any physician or surgeon licensed to practice when efforts to contact me are unsuccessful.

\_\_\_\_\_  
Parent/Guardian Name (please print)

\_\_\_\_\_  
Emergency Phone #

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medical Insurance Policy Carrier

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

\*\*I give permission for \_\_\_\_\_ to have her picture taken at the  
Downingtown West Cheer Camp.

\_\_\_\_\_ (Parent/Guardian Signature)