

## Consent for Medical Treatment and Liability

We, \_\_\_\_\_ and \_\_\_\_\_ of  
Parent/Guardian 1 Parent/Guardian 2  
City County State do hereby state that I am

/we are the parents/legal guardians/self of

Camper/Counselor

who resides with me/us/self. I/we hereby authorize the Camp Management of Camp 412 to consent to any necessary examinations, anesthetic, medical diagnosis, surgery, treatment, and/or hospital care to be rendered to the above-named person under the general and special supervision and on the advise of any physician or surgeon licensed to practice medicine.

Finally, this application is made with my approval. I agree to the above statement and I will in no way hold the camp management responsible of any accident that might befall the applicant caused by negligence or disobedience on the part of the camper/counselor.

---

Signature

---

Date

You MUST include the fee in order to be successfully registered for Camp 412. The fees are as follows:

**Campers - \$100 per person**  
**Counselors - \$50 per person**

Please completely fill out this form (both campers and counselors), print it out, sign and date, and send by mail to the following address:

**NHPT - 39 S Twin St, West Jefferson, Ohio 43162**

One full form must be completed per camper/counselor attending.