

**CAMP SAINT ANDREWS
MEDICAL AUTHORIZATION**

I hereby authorize the nurse or staff at Camp Saint Andrew's to provide minor first aid (such as but not limited to aspirin, Band-Aids, etc.) while my child

is attending Camp Saint Andrew's. I also authorize and consent to any X-Ray examination, anesthetic, medical or surgical diagnosis and/or treatment and hospital care which is deemed advisable by any licensed medical personnel in the care of my child. In the event of any accident, I release Saint Andrews Church and those in authority from responsibility/liability. To the best of my knowledge, my child is in good health and can participate in the camp program.

SIGNATURE OF PARENT OR GUARDIAN _____

DATE _____

MEMO OF UNDERSTANDING

To be read, understood, and signed by Camper/Staff and Parent.

In order to provide the best possible camp experience for everyone, the following rules must be observed. Camp Saint Andrews does not allow Campers/Staff to:

- Possess/use illegal drugs**
- Possess/use alcohol**
- Possess/use weapons of any kind**
- Leave camp property without permission**

We reserved the right to and WILL send ANYONE home, at parents' expense and liability, who violates these rules. No part of camp fees will be refunded. Our leadership team reserves the right to determine what constitutes a violation of these rules and will enforce them appropriately.

I have read, understood, and will abide by the rules as stated above, through my week at Camp Saint Andrews.

CAMPER/STAFF SIGNATURE _____

PARENT/GUARDIAN SIGNATURE _____

DATE _____