



# LOWER MAKEFIELD TOWNSHIP Parks & Recreation



## Parent/Legal Guardian Consent Form

The following consent form must be reviewed by a parent or legal guardian. This form will be valid for one year from the date signature.

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Parent/Legal Guardian Consent Statement:

By signing this form, I give my informed consent to the Camp LMT staff members, who are certified in CPR, AED, and First Aid by a nationally recognized provider, to provide First Aid, CPR, and AED measures when deemed necessary at the discretion of Camp LMT staff members. This includes the use of liquid Benadryl. I fully understand that there are risks associated with the administration of this care, and I fully understand that waiting for authorization by myself or another parent or guardian may be more detrimental to the health and welfare of my child than immediately providing such care. I agree that I will not hold Camp LMT, Lower Makefield Township, or any of its staff, volunteers, or members responsible for any adverse consequences caused by the administration of the care listed above, including bodily injury or death.

I authorize Camp LMT to arrange for necessary transportation to the nearest medical facility, specifically an ambulance, appropriate to the condition for urgent or emergency medical treatment. If I or another parent or guardian cannot be contacted through reasonable efforts, I further authorize Camp LMT to consent to and authorize medical care and treatment for my child during Camp LMT's season. I do assume all responsibility for payment for such treatment.

I **do** consent to the above statement

I **do not** consent to the above statement

Parent/Legal Guardian Printed Name: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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