

Camp HemoVon

Parental Consent and Release of Liability

I authorize the Camp HemoVon medical staff (physician's, nurses, or other medical staff) to provide all appropriate medical care for my child, _____, during Camp HemoVon held at Camp Horseshoe in Tucker County, West Virginia. I understand that the medical care I am authorizing will only be available once my child arrives at camp and will continue until camp ends, medical care will not be available or included with any transportation arrangements to and/or from camp.

I understand that I will be responsible for supplying medication (factor, DDAVP, etc.) and medical supplies for treatment while my child is attending camp. I understand that treatment of routine illnesses and acute bleeding episodes (DDAVP and concentrates) will be supervised by the medical staff while at camp, but I am responsible for providing treatment product for my child while in route to camp. If my child needs transfusion therapy while in route to camp and does not have his own product, I will be responsible for the cost of the product. If my child uses cryoprecipitate, fresh frozen plasma, DDAVP, Factor IX products, Factor VIII products, or prothrombin complex concentrates, I will need to provide sufficient factor for anticipated needs while at camp. I understand that all regular medicines my child needs must accompany him/her to camp.

In the case of a medical emergency, I hereby authorize the Camp HemoVon staff and medical staff to secure any medical, surgical, dental, injection, anesthesia, and/or other aid that is in the best interest of the above named child and is deemed necessary by Camp HemoVon. I give permission for my child to be transported by one of the medical staff, camp staff, or ambulance in a medical emergency situation. I agree to and understand that I am solely responsible for any and all costs for medical services and/or any transportation costs incurred during the week of Camp HemoVon.

I also agree to and understand that neither Camp HemoVon, its staff nor volunteers assume any liability whatsoever for any medical services, costs of treatment and/or transportation costs incurred by the above named child during Camp HemoVon. I do agree to indemnify and hold harmless Camp HemoVon, its staff or volunteers, designated chaperone or others acting in its behalf from any and all liability, damage, loss, claims, or demands and actions of any nature whatsoever, including attorney fees, which arise out of or are in any way connected with the care, treatment, and/or transportation of my child.

I agree to allow my child to participate in the educational portion of camp including general hemophilia, vonWillenbrands or other medical information, home infusion therapy, self-infusion therapy, and HIV/AIDS educational information.

I consent that photographs may be taken of the above named child during the week of camp for the purposes of Bunk1.com, public relations, education, and camp promotion. Copies of camp pictures may be distributed to campers as a camp memento.

I understand that my child is to follow the guidelines set forth by the camp staff and failure to do so can result in early dismissal from camp. Firearms, alcoholic beverages, cigarettes and/or other tobacco products, and illegal drugs are prohibited at camp. Any camper found with one of these items will be dismissed from camp. I understand that if my child is dismissed from camp it is my responsibility to travel to the camp to transport my child home immediately upon notification from the camp.

Parent/Guardian Signature

Date

Camp HemoVon
Parental Consent and Release of Liability