

3G Camp Medical Waiver

Participant's Full Name:	Date of Birth
Home Address:	State, Zip
Phone Number(s):	Grade
Camp Name: Girls, God and Good Times Benedictine Camp	Camp Date
EMERGENCY CONTACT & CONTACT NUMBERS:	RELATIONSHIP

EMERGENCY MEDICAL TREATMENT PERMISSION

I hereby authorize the 3G camp to obtain, through a physician or other medical professional of its choice, any emergency care that may become reasonably necessary for the participant in the course of camp activities. I guarantee payment of all medical charges for medical treatment. The Sisters of the Order of Saint Benedict will not be liable for any medical expenses.

Parent/Legal Custodian Signature:	Date:
-----------------------------------	-------

