

Permission to Seek Emergency Care Policy

I give permission to seek emergency care and the rendering of emergency medical procedures or treatment, if my child is in any accident or injury during this event: Catholic Camp. I understand all attempts will be made to contact the emergency contact in the event that their parents cannot be contacted. In the event that we cannot be contacted, I agree that we are legally responsible for all actions taken by my child during this event and agree to be financially responsible for any damages legal fees, and other costs incurred as a result of the actions of my child. I agree if the child's behavior is inappropriate, unsafe, or detrimental, I will be contacted immediately to remove my child from this event. I understand any financial cost incurred by my child being sent home is my responsibility.