



Camp Wild Oaks Summer Programs Release for Emergency Medical Treatment:

If a student suffers a medical emergency (e.g., serious injury or illness) while at Camp Wild Oaks at Oak Hill School or while involved in a school/camp-sponsored activity off campus, Oak Hill School makes every reasonable effort to contact and inform a parent/guardian before treatment is undertaken. Lest emergency medical care be delayed, parents/guardians are asked to sign the following release authorizing emergency treatment.

(I)(We), the undersigned, parent(s)/legal guardian(s) of , a minor, do hereby authorize that my child be given emergency treatment to include first aid and CPR by a qualified staff member. (I) (We) authorize Oak Hill School, in the event of a medical emergency, to contact a licensed ambulance service, or a legal representative (employee) of the school, to transport my student to the emergency facilities of Sacred Heart Hospital or any duly licensed and accredited medical hospital. (I) (We) authorize said physician or surgeon to examine the above-named student to administer emergency care and to arrange for any consultation by a qualified specialist necessary to insure proper care of any injury.

Camper Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____