



**Callahan**

**INC.**

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P.O. Box 5253  
Quincy, Illinois  
62305-5253

## CAMP CALLAHAN CONSENT FORM

### Part I

I am my own guardian.  YES  NO **Please sign below**

### Part 2

I, \_\_\_\_\_, do hereby state that I am the legal guardian of \_\_\_\_\_, an individual in the application phase or currently enrolled in the Camp Callahan program. As such, I give my permission for the Callahan Camp Director, or the Camp Medical Officer Designee to:

- 1) Seek additional written documentation, if necessary, on this individual.
- 2) Share verbal information with camp staff members, the designated camp medical personnel, and the camp director if this information is deemed necessary for health and well bring.
- 3) Authorize medical treatment, based on the camp health officer's recommendation (parents and guardians will be notified as soon as possible).
- 4) May we use pictures of this camper in our brochure, on social media, or for advertising?

YES  NO

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Camp Director

\_\_\_\_\_  
Health Officer