



School of Pharmacy
DoctorRx Summer Camp 2023

Parental/Guardian Consent Form

Child's Information:

Students Name: Age: T-Shirt Size:

Medical Conditions, if any:

Medications, if any:

Allergies (Please include dietary restrictions):

Other concerns/conditions of which we should be aware:

Parent/Primary Guardian Information:

Name: Email:
Cell Phone: Work/Office Phone:
Address:

List alternative individual(s) who is/are allowed to pick up the child. Include their contact information in the event the guardian listed cannot be reached. Please note that anyone picking up the child may be asked to show a photo ID.

Name:	Relationship to the child:	Cell Phone:
Name:	Relationship to the child:	Cell Phone:

Parent/Guardian Consent Statement

As the legal guardian/parent, I authorize my child to participate in the Regis University DoctorRx Pharmacy Summer Camp (hereinafter referred to as the "CAMP"). I understand that my child will be subject to Regis University's regulations and camp requirements and instructions. I also understand that if my child fails to abide by camp instructions or fails to treat other participants and personnel with respect, they will not be allowed to participate in the camp. If registration is terminated due to a behavioral issue, there will be no refund supplied for the registrant.

I understand I am responsible for dropping off and picking up my child each day at the scheduled times. If I am unable to pick up my child, I authorize an alternative individual to do so as listed above.

I understand I will be notified should a health emergency occur. If I cannot be reached by telephone, I authorize whatever medical treatment that is deemed necessary by medical personnel.

I understand that photographs and videos may be taken during camp activities. I give my permission for photographs and/or videos to be taken of my child during the camp for educational and/or promotional purposes.

I, the undersigned, hereby acknowledge that participating in the CAMP involves the risk of physical injury up to and including death, and that I had the opportunity to determine the nature of attending and participating in the CAMP and the manner in which it will be conducted, and having such knowledge or having waived the right to obtain such knowledge, I agree to hereby personally assume all risks in connection with said CAMP. Furthermore, I release Regis University and its faculty, employees, administrators, operators, contractors, suppliers, agents, officers, directors and trustees from all claims of any nature arising out of any harm, injury or damage to me or to my property while engaged in attending or participating in the CAMP, or arising from my presence at the site or in the vicinity of the site of the CAMP, including all risks connected therewith, whether known or unknown.

I acknowledge that the terms herein are contractual and not a mere recital, that I read and understood all of the terms of this CAMP Activity Waiver before signing it, and that by signing it I am surrendering certain legal rights and agreeing to all of its terms and conditions.

Guardian Signature:

Date: