



MEDICAL CONSENT AND LIABILITY FORM
Free Fishing Camp Participant

Hosted by: St. John The Baptist Parish Sheriff Office & The 40th Judicial District Children & Youth Services Planning Board & Prevention Committee

BOTH sections must be signed in order to participate.

Camper's Name: _____
(Please Print)

Parent/Legal Guardian: _____
(Please Print)

Liability Waiver

I grant permission for my child to participate in the Free Fishing Camp. I agree to hold harmless St. John the Baptist Parish government for any and all injuries, disabilities, death, loss or damage to person or property including accidents which he/she may incur while participating in the Camp whether arising from the negligence of the releases or otherwise, to the fullest extent permitted by law.

Parent/Legal Guardian Signature

Date

Medical Consent

As parent/legal guardian of the above named child, I hereby give my consent for medical care prescribed by a duly licensed Doctor or of Medicine, Doctor of Dentistry, or EMT. This care may be given under whatever conditions are necessary to preserve my life, limb(s) or well-being of my dependent.

Parent/Legal Guardian Signature

Date