



**Parent/Guardian's Authorization for Health Care of a Minor Camper  
Attending Summer Camps, Conferences, and Retreats  
sponsored by the CCCA Region**

Dear Camper Parents/Guardians:

We understand that you may have one or more members of your family attending our CCCA Region-sponsored Church Camps, Conferences, or Retreats this year who will be under the age of 18 when their event starts.

*List the full name of the Camper **under the age of 18** attending one or more CCCA Regional Events.*

<b>Camper's Full Name</b>	
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*Please complete and return **one form per Camper**. This Authorization Form is good all season, but for one individual camper only.*

We have been informed that some MD and DE urgent care facilities and hospitals **will not provide** health care services, as described below, to a Camper under the age of 18 years without an actual black or blue "INK" signature of the custodial parent or guardian on this type of authorization form. Without a signature in actual ink, the urgent care facility or hospital may choose to perform only lifesaving care, but not provide routine care for an accident or illness that might occur during any camp setting.

*If any family members attending camp this year will still be under the age of 18 at camp, and at least two weeks prior your child's camp event start date, **please print, sign in INK, and return one signed original form by mail for each minor Camper to:** Camp Registrar, CCCA Regional Office, 8814 Kensington Parkway #208, Chevy Chase MD 20815.*

In exchange for my minor-age relative or legal ward (the "Camper") being allowed to participate in the Camp, Conference or Retreat (the "Camp") in Maryland or Delaware administered by the Outdoor Ministries Committee of the Christian Church (Disciples of Christ) Capital Area Region (CCCA), I agree to be bound by each of the following:

- In the event of a medical emergency, I understand that every effort will be made to contact my family, but in the event that a family member cannot be reached, I hereby give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations.**
- If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff.**
- I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.**

<b>Name of Custodial Parent/Guardian:</b>			
<b>Signature of Custodial Parent/ Guardian:</b>		Date:	
<b>Relationship to Camper:</b>		mm/dd/yyyy	

Because the CCCA Regional Office is headquartered in the State of Maryland, and in order to provide certainty in the law to be applied to the construction of this instrument, this instrument shall be governed, construed, and enforced in accordance with the law of the State of Maryland. (Permission slip also includes those campers attending events at the CCCA Conference Center in the State of Delaware, a church camp facility wholly owned and operated by the CCCA Region.)

*If any term or provision of this instrument or the application thereof to any person or circumstances shall to any extent or for any reason be invalid or unenforceable, the remainder of this instrument and the application of such term or provision to persons or circumstances other than those as to which it is held invalid or unenforceable shall not be affected thereby, and each term and provision of the instrument shall be valid and enforced to the fullest extent permitted by law.*

*Questions? Contact the Camp Registrar at 301-942-8266 or at [campregistrar@cccadisciples.org](mailto:campregistrar@cccadisciples.org)*

Please sign in ink and return this form by regular US Postal Service mail to:  
Camp Registrar, CCCA Regional Office, 8814 Kensington Parkway #208, Chevy Chase MD 20815