

REFUSAL OF CARE AGAINST MEDICAL ADVICE

Parental Consent Form

Criteria for refusing care

All of the following must be met:

1. Camper exhibits no evidence of:
 - Altered level of consciousness
2. Camper's parents understand the nature of the medical condition, as well as the risks and consequences of refusing care.

1. Acknowledgement of Information (Initial on line)

_____ I have been advised that medical care on my child's behalf may be necessary, and that refusal of care and assistance could be hazardous to his or her health, and under certain circumstances, including disability or death.

2. Release of Liability (initial on line)

_____ By signing this form, I am releasing all Lake Ann Camp staff and personnel, of any liability or medical claims resulting from my decision to refuse care against medical advice.

I have read and understand the Acknowledgement of Information and Release of Liability.

Signature _____ **Date** _____

*If you change your mind, or your child's condition changes, please call 911 in an emergency or call your private doctor, if appropriate.

