



14125 North Road

Loxahatchee, FL 33470

Phone 561-793-0423 or Toll Free 800-551-7217

Fax 561-793-6370

PHOTOGRAPHY RELEASE FOR CHILDREN

I give permission for my children to be photographed by an Official Photographer for Sunsport Gardens. I understand that Sunsport Gardens will own the photographs which may be used on its website or elsewhere at Sunsport Gardens' discretion.

Child's Name _____

Child's Name _____

Child's Name _____

Child's Name _____

Parent or Guardian Name _____

Parent or Guardian Signature _____

Date _____

Release Forms

CAMPER'S NAME _____

Permission to treat:

I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for me/or my child.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Parent or Guardian's Signature _____ Date _____

Permission to administer medications:

___ This person takes NO medications on a routine basis.

___ This person takes medications as listed below. Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep prescription drugs in the original packaging/bottle that identifies the prescribing physician, the name of the medications, the dosage, and the frequency of administration. Non-prescription drugs must also be in the original containers with the camper's name, name of medication and dosage. Attach additional pages for more medications.

Medication Name (prescribed or over the counter)	Reason for Administration	Dosage	When to be Administered
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I give permission for the medications as listed to be administered to my child as directed.

Parent or Guardian's Signature _____ Date _____

Permission to participate:

My child has permission to participate in all activities offered during the regular camping day. These activities include but are not limited to car transportation to and from camp, swimming, hiking, outdoor cooking and sports.

Parent or Guardian's Signature _____ Date _____