



## D/HH Family Camp

### Photograph and Videotape Release

I, \_\_\_\_\_ give permission for our family to be photographed and/or videotaped by staff during Family Camp. I understand the photographs and/or video may be used for informational, promotional or instructional purposes.

Family members:

_____	_____
_____	_____
_____	_____

### Canoeing

Depending on how full Lake Jessop is, the children may have the opportunity to canoe with the camp volunteers (younger children will be with an adult). If this activity is available, please mark which option you would like regarding your child's hearing aids and implants.

Child's name \_\_\_\_\_

Child's name \_\_\_\_\_

Let my child wear his/her implant or hearing aid

Let my child wear his/her implant or hearing aid

Put my child's hearing aid and implant in a secure location on the shore

Put my child's hearing aid and implant in a secure location on the shore

### Medical Information

Does any member of your family have health issues that staff should be aware of (e.g. allergies to food, insect stings, or medical conditions)? Is there any reason to restrict the activities of your child(ren)? If so, please list:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date