Polish Scouting Organization of California
Związek Harcerstwa Polskiego na Stan Kalifornia

PARENT CONSENT AND WAIVER FORM

OBÓZ LETNI 2005

Child's Full Name_____ Age _____ Date of Birth _____

Address_____

City _____ Zip Code _____

Telephone No_____ Emergency telephone No._____

E-mail address_____ Troop #_____ Rank/Stopień_____

Child may be released to: Mother_____ Father_____ Other _____
(Name) (Name) (Name)

Any special problems the staff should be aware of_____

_____

In granting this permission, I assume full responsibility for any damage to the person(s) or property caused by my child or ward. Further, I hereby expressly waive any claim for liability against the Polish Scouting Organization-Z.H.P.-Inc., including its directors, leaders, volunteers, and representatives, and release them from all liability in connection with this experience. I further expressly agree that in the event that disciplinary action, or the health of my child or ward may make it necessary, at the discretion of the sponsor, my child or ward may be returned home at my expense.

I further consent and will be responsible for any emergency medical and dental treatment, which may be advisable in the discretion of any physician or dentist. I also consent to and will be responsible for routine, non-surgical medical care. It is further warranted that if this Consent form is signed by one of two parents or guardians, it is with the authority of the other.

Date _____

_____
Signature of Parent or Guardian

_____
Podpis Drużynowego/Szczepowego

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FORMA LEKARSKA

UWAGA RODZICE
BARDZO WAŻNE INFORMACJE

Ubezpieczenie nasze nie pokrywa zachorowań uczestników kolonii i obozów, dlatego należy podać dokładną nazwę ubezpieczalni rodzinnej. Bez tych informacji nie możemy przyjąć dziecka na biwak, kolonie, obóz, zlot lub kurs szkoleniowy.

_____

FAMILY MEDICAL INSURANCE/VITAL INFORMATION

Insurance Carrier: _____ Policy or Group #: _____

For the benefit of your child, and to help Scouting Staff, please answer the following questions and return this form to the Scout Leader.

1. Has the child any allergies? If so, please specify: _____

2. Has the child any medical problems that the leader should know about? If so, please

specify: _____

3. Is the child currently taking any medication? If so, please specify: _____

INNE UWAGI I INFORMACJE:

_____
_____
_____
_____

Zalegle Oplaty : _____
Koszt Obozu : _____
Razem $: _____

PROSZĘ KONIECZNIE ZAPOZNAĆ SIĘ ZE SPISEM RZECZY POTRZEBNYCH NA OBÓZ !!!