PARENTAL CONSENTS FOR MINOR STAFF

There are certain things within the online application and onboarding modules for employment with Camp Hollymont which require parental consent for minor applicants/employees. Please review your minor child's online information and provide the consents below to complete their submissions:

My child, _____ DOB: _____ is applying to/employed by Camp Hollymont and is a minor (under 18 years of age at the time consent is being given.) I provide the following consents required for his/her application and onboarding:

☐   (If applicable) My minor child has not been fully immunized. I understand and accept the risks to her/him from not being fully immunized.

☐   I have reviewed my minor child's health history and it is correct to the best of my knowledge. I believe she/he is capable of performing the essential functions of her/his job and participating in assigned work duties as noted in her/his role description. I understand her/his health information will be used by the camp's Health Center staff in providing care to her/him and may be reviewed by her/his work supervisor(s).

HOLLYMONT, INC dba CAMP HOLLYMONT FOR GIRLS CONSENT TO MEDICAL TREATMENT AND TO DISCLOSURE OF PROTECTED HEALTH INFORMATION

I, hereby authorize and give permission to Hollymont Inc. dba Camp Hollymont for Girls ('Camp Hollymont") to seek, obtain, and provide routine health care, the administration of prescribed medications, and emergency medical treatment for my minor child   as may be necessary, including, but not limited to, radiographic and similar imaging, routine tests, emergency transportation and treatment, surgery, and/or hospitalization. I agree to the release of any and all protected health information pertaining to my minor child for treatment, referral, billing, or insurance purposes.

I hereby agree (pursuant to 45 CFR § 164.510(b)) to the disclosure of Camp Hollymont representatives of my minor child's protected health information as necessary: (i) to provide relevant information to Camp Hollymont's representatives related to her/his ability to lead and/or participate in Camp Hollymont's activities and programs; and (ii) to provide relevant information to Camp Hollymont's representatives to keep him/her informed of his/her health status.

In an emergency, I hereby give permission to and authorize any medical care provider attending to my minor child to secure and administer treatment, including hospitalization, surgery, and anesthesia as may be medically required.

I further agree I will be financially responsible for any and all charges associated with such services including emergency transport and any prophylactic treatment due to exposure to insects, plants, or animals.

This completed form may be printed, photocopied for, and provided to others who may request copies to provide medical services, including third-party operators who provide activities for Camp Hollymont.

_____   _____
Parent/Guardian Signature   Date