

I hereby grant to the Camp Physician or their authorized representative(s) permission to furnish or arrange hospital and medical care as named above volunteer MIGHT REQUIRE DURING SUCH TIME AS HE/SHE IS A VOLUNTEER AT CAMP SMILE. This medical care shall include, but not be limited to, examinations, treatment, immunizations, injections, anesthesia, surgery and other procedures, etc. I understand that I shall be notified as soon as possible. Failure in such efforts shall not prevent the provision of emergency treatment necessary for the best interest of the life and health of said volunteer.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date