

Camp CCC ~ Permission, Medical Information & Liability Waiver

_____ [child/ren's name(s)]
has/have my permission to participate in Camp CCC, held at Onset Campgrounds, 339 Onset
Avenue, Onset, MA.

Emergency Information

Parent/Guardian _____

Home phone: _____ Cell phone: _____

Alternative emergency contact: _____

Emergency contact phone: _____

Name of family physician: _____

Family physician's phone: _____

Please list any known allergies to food/drugs, insect stings, etc. Also, please detail any other special
medical condition your child(ren) has/have that we should be aware of. Information will be kept
strictly confidential.

In case of medical emergency, when attempts to reach the parent/guardian have failed, or in case
when immediate attention is necessary, I give Camp CCC permission to act in the best interest of my
child(ren). I furthermore hold Camp CCC, Cranberry Coast Concerts, The Unconservatory,
Community of Christ Church, Onset Campgrounds and/or any of their agents free from any liability
for any harm that may come to my child(ren) during the course of Camp CCC.

Printed name of parent/guardian

and signature

Date