

## The HOUSE of Children

### Consent for Treatment

Child's Name: \_\_\_\_\_

By signing this Consent for Treatment, I, as the parent/guardian of the child named above, hereby freely, knowingly and voluntarily give the staff (including employees or volunteers) permission and authority to:

(A) perform and provide first-aid treatment in the event my child suffers or experiences any minor physical injuries or incidents (e.g. cuts, bruises, nosebleeds, etc.); and

(B) obtain assistance from emergency medical personnel in the event my child suffers or experiences any seizures, major illness or major physical injuries as determined by Ogden Valley Science Summer Camp staff.

If emergency medical personnel are summoned, a member of The HOUSE of Children staff will make reasonable efforts to contact me at the emergency telephone number provided below. I further understand and agree that, once such emergency medical personnel have arrived, they will solely determine the extent of treatment necessary to properly treat my child's condition or injury.

I further understand and agree that The HOUSE of Children staff cannot and will not provide my child with any medications whatsoever in the event he/she experiences or suffers any illness or injury.

I fully understand neither The HOUSE of Children nor The Householder Group, LLC, will provide medical insurance for any medical treatment that may be performed on my child, and that any costs directly indirectly arising out of or related to any such treatment will be at my sole expense and/or must be covered by any insurance coverage I may have obtained for my child.

By signing this Consent for Treatment, I hereby fully waive, release and discharge The HOUSE of Children and The Householder Group, LLC, and their respective owners, members, shareholders, officer, directors, employees, agents and volunteers (collectively, the "**Released Parties**") from any and all rights, claims and actions whatsoever including, for example and without limitation, any costs, expenses or attorneys' fees, which may directly or indirectly arise out of or result from any first-aid or medical treatment that my child may receive. Furthermore, I agree to forever indemnify, defend and hold the Released Parties harmless from and against any and all claims, actions or costs whatsoever that may directly or indirectly arise out of or result from any injury or harm my child may experience or suffer as a result of any such first-aid or medical treatment.

**I have read this Consent for Treatment in its entirety and fully understand its contents. I agree that if any portion is held invalid, the remainder of this Consent for Treatment will continue in full legal force and effect.**

Emergency Telephone Number: \_\_\_\_\_

Printed Name of Parent/Legal Guardian: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_

Date Signed : \_\_\_\_\_