Sangre Valiente Consent Form (Form 4 from list)

PLEASE RETURN THIS FORM NO LATER THEN MAY 1st

I authorize the Camp Sangre Valiente medical staff (physician’s, nurses, or other medical staff) to provide all appropriate medical care for my child/ren\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I understand that I will be responsible for supplying medication (factor, DDAVP, Stimate, etc.) and medical supplies for treatment while my child is attending camp. I understand treatment of routine illnesses and acute bleeding episodes will be supervised by the medical staff while at camp, but I am responsible for providing treatment product for my child while en route to camp. This will include giving appropriate over the counter medication as needed to treat acute and routine illness. If my child needs transfusion therapy while in route to camp and does not have his own product, I will be responsible for the cost of the product. If my child uses cryoprecipitate, fresh frozen plasma, DDAVP, Factor VIII or IX products, or anti-inhibitor products, I will need to provide sufficient factor for anticipated needs while at camp. I understand that all regular medicines my child needs must accompany him/her to camp in the original prescribed container with clear written instructions/labels by the pharmacy/doctor. No containers will be allowed at camp in oral daily dose plastic boxes.

In the case of a medical emergency, I hereby authorize the Camp Sangre Valiente and medical staff to secure any medical, surgical, dental, injection, anesthesia, and/or other aid that is in the best interest of the above-named child/children and is deemed necessary by Camp Sangre Valiente. I give permission for my child to be transported by one of the medical staff, camp staff, or ambulance in a medical emergency situation. I agree to and understand that I am solely responsible for any and all costs for medical services and/or any transportation costs incurred during the week of Camp Sangre Valiente.

I also agree to and understand that Camp Sangre Valiente, Fort Lone Tree, SDO, staff, and volunteers assume no liability whatsoever for any medical services, cost of treatment, and/or transportation costs incurred by the above-named child/children during Camp Sangre Valiente. I do agree to indemnify and hold harmless Camp Sangre Valiente, Fort Lone Tree, SDO, staff, volunteers, designated chaperones, or others acting on behalf of SDO or Fort Lonetree from any and all liability, damage, loss, claims, or demands and actions of any nature whatsoever, including attorney fees, which arise out of or are in any way connected with the care, treatment, and/or transportation of my child.

I agree to allow my child to participate in the educational portion of camp including general hemophilia, von Willebrands disease (VWD) or other medical information, home infusion therapy, self-infusion therapy, and infectious disease education information. I agree to allow my child/children to participate in all camp related activities.

I consent that photographs may be taken of the above named child/children during Camp Sangre Valiente for the purposes of public relations, education, and Sangre de Oro related activities and brochures. Copies of camp pictures may be distributed to campers as a camp memory item.

I understand that my child is to follow the guidelines set forth by the Fort Lone Tree, Camp Sangre Valiente, SDO,and its staff/volunteers, and failure to do so can result in early dismissal from camp. Firearms, alcoholic beverages, cigarettes and or/other tobacco products, and illegal drugs are prohibited at camp. Any camper found with any of these items will be dismissed from camp. I understand that if my child is dismissed from camp it is my responsibility to travel to the camp to transport my child home immediately upon notification from the camp.

I understand that by signing this form, I have read, agree and fully understand what has been written.

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Parent/Guardian Signature Date

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Print Name