

FIRST-AID RELEASE/WAIVER

In the event that my child(ren) _____

_____ needs basic first-aid treatment,

including applying an antiseptic (i.e. Neosporin): I, _____,

give permission to certified Camp Fire USA Illinois Prairie Council Camp Kata

Kani staff to treat my child for any injuries that may occur while attending

Camp Kata Kani Day Camp.

Parent/Guardian Signature: _____

Date: _____

Camp Kata Kani Summer Day Camp 2010

Weekly programs: June 14 – August 13, 2010