

# Tetanus Waiver



**Camper's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

In the event that a camper sustains an injury with the potential risk of tetanus, the designated emergency contact is required to promptly pick up the camper. The following waiver details the responsibilities and procedures related to such an incident:

I, the undersigned Parent/Guardian/Caregiver, understand that Camp Daniel, Inc. places a high priority on the safety and well-being of all campers. I acknowledge and agree to the following conditions regarding tetanus-related injuries:

**Risk of Tetanus-Related Injuries:** I acknowledge that certain activities and environments may pose a risk of injuries that could potentially lead to tetanus infections, such as cuts or puncture wounds.

**Initial Assessment and Wound Care:** In the event that the Camper sustains an injury with potential risk of tetanus, the camp nurse will make an initial assessment and clean the wound in accordance with the approved Physician Standing Orders.

**Notification:** In the event that the Camper sustains an injury that may present a risk of tetanus, I will be notified by the Camp Daniel staff.

**Obligation to Pick Up Camper:** Upon receiving notification of a potential tetanus-related injury, I, or the designated emergency contact, agree to immediately pick up the Camper from Camp Daniel. I understand that this is a precautionary measure to ensure the Camper receives appropriate medical evaluation and treatment as soon as possible.

**Medical Attention:** I acknowledge that it is my responsibility to seek additional medical attention for the Camper following the injury. This may include, but is not limited to, consulting with a healthcare professional and arranging for a tetanus booster shot if deemed necessary.

**Release of Liability:** By signing this waiver, I release Camp Daniel, its staff, volunteers, and affiliates from any and all liability related to injuries and medical conditions resulting from tetanus or any other related complications.

**Emergency Contact Information:** I have provided accurate and up-to-date emergency contact information to Camp Daniel. I understand that it is my responsibility to ensure that the designated emergency contact is available and able to respond in case of an emergency.

**Parent/Guardian/Caregiver's Name:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Emergency Contact Phone Number:** \_\_\_\_\_

**Parent/Guardian/Caregiver Signature:** \_\_\_\_\_

**By signing this waiver, I acknowledge that I have read and understood the above statements and agree to the terms and conditions set forth herein.**

**Please ensure that you keep this statement for your records and provide a signed copy to Camp Daniel.**