

## **Parent or Guardian Authorization and Waiver**

The given health history is correct, to the extent of my knowledge, and I give my full consent for applicant, \_\_\_\_\_, to attend Camp Tiger -

LSUHSC Summer Camp for Special Needs Children and to engage in all planned camp activities, except as noted by me and the examining physician.

In the event that I cannot be reached in an EMERGENCY, I hereby give my permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

Print Guardian Name: \_\_\_\_\_

Signature of Guardian: \_\_\_\_\_

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

**\*\*\*Please attach an up-to-date Immunization Record showing that your child is current on all recommended immunizations including the COVID-19 vaccination. You MUST include your full immunization record regardless of if your child has participated in camp before. \*\*\***



### **CONSENT FOR PHOTOGRAPHY, INTERVIEW, RECORDING**

I, \_\_\_\_\_, hereby grant permission to LSU Health Sciences Center New Orleans to photograph, video tape, record, or interview me, or in the case of a minor, my child \_\_\_\_\_, for print, broadcast, or social media use, for use in LSU Health Sciences Center New Orleans publications, video or audio tapes, brochures, website, or for use in teaching by LSU Health Sciences Center New Orleans faculty.

I hereby transfer to LSU Health Sciences Center New Orleans all rights and claims I have, or in the future may acquire, with respect to such photographs, video recordings, audio recordings, and/or written materials, agreeing that same shall be the sole and absolute property of LSU Health Sciences Center New Orleans. I hereby relieve and release LSU Health Sciences Center New Orleans from any and all claims whatsoever, and for any and all kinds of remuneration for use of such materials.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_