

# Consent to Attend Camp with Underlying Medical Condition



Camper Name: \_\_\_\_\_

Camp Program/week: \_\_\_\_\_

Underlying Medical Condition: \_\_\_\_\_

Certain pre-existing/underlying or chronic medical conditions are known to increase the risk of severe COVID-19 related symptoms including, but not limited to:

- Chronic lung disease: asthma, cystic fibrosis, or other
- Diabetes
- Heart conditions
- Kidney or liver dysfunction
- Immunocompromised

I understand that any child with a chronic health condition is more at risk in a new environment to have changes in their health status. I also understand that if exposed to the novel coronavirus, my child is at a greater risk for experiencing severe and possibly life-threatening symptoms. I have discussed the increased risks associated with attending a camp program with my health care provider. Together, we agree to allow the above mentioned child to attend RVR despite the knowledge we have of the child's condition and the camp setting.

\_\_\_\_\_  
**Health Care Provider Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

*\*For more detailed information regarding RVR's COVID-19 response, visit our COVID-19 webpage at [rivervalleyranch.com/covid-safety](http://rivervalleyranch.com/covid-safety)*