

# Camp W

## WAIVER OF FARE ALLERGY FORM

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Last Name,

First Name

Birthdate (M/D/Y)

I have been informed about the **FARE Allergy Care Plan** document recommended by health professionals and by Camp W.

I recognize that by *not* submitting a **FARE Allergy Care Plan** completed by a health professional for myself or my camper, I assume any risk that results from my failure to submit a FARE Allergy Care Plan. I agree that Camp W will not be responsible for following my, or my campers, *personal* care plan in case of an allergic reaction. Camp W will however, administer first aid and treatment to the best of their abilities as per their own policies and procedures should I, or my camper, have an allergic reaction.

I also understand that should I, or my camper, have an allergic reaction, medical staff at camp or elsewhere may be hindered in providing appropriate treatment without a **FARE Allergy Care Plan** on file at Camp W.

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Signature

DATE