I understand that Children’s Association for Maximum Potential (CAMP) will not honor standing DNR orders for an individual while he/she is on CAMP property or participating in CAMP programs, and hereby temporarily revoke the DNR order for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ while he/she is on CAMP property and/or under the care of CAMP staff and volunteers. I understand that in the event of an emergency where CAMP medical personnel determine additional medical care is needed, emergency personnel (i.e., EMS) will be called. Upon arrival, EMS responders will receive a copy of the DNR orders and this form. Once in the care of EMS and in transport off of CAMP property, the DNR orders will be reinstated and complied with.

By signing below, I verify that I am the same person who signed and executed the standing DNR orders for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

***WAIVER, RELEASE, AND DISCHARGE OF CLAIMS***

**I also do hereby release and forever waive, release, and discharge CAMP (including CAMP’s staff, employees, volunteers, medical staff, board members, assignees, heirs, executors, beneficiaries, trustees and agents) from any and all manner of liabilities, claims, lawsuits, damages, actions or expenses, whether known or unknown, including negligence and other injury claims, relating to, or arising in any way from, the temporary revocation or suspension of the above-mentioned standing DNR Orders or the Camp’s refusal to follow standing DNR Orders for the above-named individual while the individual is on CAMP property or participating in CAMP programs.**

The individual listed above is a *(Please Select One)*:

CAMPer Staff Volunteer

Person completing this form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am *(Please Select One)*:

Own Legal Guardian Parent/Legal Guardian Agent with Medical Power of Attorney

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature Date Best Contact Number*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Witness Signature Date Relationship*

**CAMP Office Use Only:**

DNR Order on file. Received on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Date*

Received/Reviewed by:

*Director of FSP* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Date* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Camp Director* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Date* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Head Nurse* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Date* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Top Doc* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Date* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_