

HEALTH & SAFETY AGREEMENT

Name of Group: _____

PARTICIPANT'S NAME _____ B/D ____/____/____ SEX _____

PARENT OR GUARDIAN NAME (if under 18) _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____ HOME PH: _____

If participant under 18, please fill out parent/guardian info on the next 2 lines:

CELL PHONE: MOTHER _____ FATHER _____

WORK: MOTHER _____ FATHER _____

INSURANCE COMPANY _____ POLICY # _____ GROUP/ID # _____

NAME OF DOCTOR _____ PHONE _____

NAME OF DENTIST _____ PHONE _____

IN CASE OF EMERGENCY (IF PARENT/GUARDIAN CANNOT BE REACHED)

_____ HOME # _____ OTHER # _____

NAME AND RELATIONSHIP

_____ HOME # _____ OTHER # _____

NAME AND RELATIONSHIP

NAMES OF PERSON OTHER THAN PARENT/GUARDIAN TO WHOM CHILD MAY BE RELEASED:

_____ NAME _____ RELATIONSHIP _____ PHONE # _____

ALLERGIES (check all that apply): _____ MEDICATIONS _____ FOOD _____ POLLENS, GRASSES, TREES, ETC. _____ OTHER

PLEASE EXPLAIN: _____

ANY RESTRICTIONS OR LIMITATIONS PARTICIPANT MUST OBSERVE? _____

ANY MEDICAL CONDITIONS PARTICIPANT IS BEING TREATED FOR? _____

IS, OR WILL, PARTICIPANT BE TAKING ANY MEDICATION (INCLUDING ALLERGY) AT PRESENT OR DURING STAY AT CAMP? IF SO, LIST:

_____ REASON _____

HEALTH AND SAFETY AGREEMENT:

The director has my permission to provide routine, non-surgical medical care to myself/my child. In the event of a medical emergency and I cannot answer for myself/my child, I hereby give permission to the physician selected by the director or his/her agent to hospitalize, secure treatment for, and to order injections, anesthesia, or surgery for myself/my child as named herein. I also understand that I am responsible for the costs incurred on behalf of myself/my child relating to accident or illness. Although the fullest safety precautions are taken, the camp/organization does not assume responsibility for any accident. I have read all of the registration materials, policies, guidelines and details provided by the camp/organization and agree to abide by the requirements set forth therein. I understand that my child will not be allowed to take medication from home unless it is ordered by a physician and so noted on this form. I hereby accept and agree to abide by the provisions of the Health and Safety Agreement.

SIGNATURE OF PARENT OR GUARDIAN REQUIRED** DATE PARENT/GUARDIAN NAME (PRINT LEGIBLY)

**If participant is under 18

SIGNATURE OF PARTICIPANT IF 18 OR OLDER DATE PARTICIPANT NAME (PRINT LEGIBLY)

