

Permission & Medical Form



Today's Date _____

Participant's Name _____ Age ____ Grade ____ Birthday _____

Address _____ City _____ State ____ Zip _____

Parent/Guardian _____

Email _____ Phone _____ Cell _____

Emergency Contacts

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Whom should we contact first for routine or emergency concerns? _____

Additional approved pick-up persons

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Special instructions regarding pickup

MEDICAL INFORMATION. Please check any that apply and describe below. Add separate paper if needed

Medical Alert ID Allergies Epi-Pen Asthma Inhaler Diabetes Seizures
Sensory Impairment Physical Impairment Behavior/Emotion Learning

Other _____ Date of last tetanus shot _____

Allergies and Dietary Restrictions (list)

Allergy triggers (Ingestion, inhalation, contact, etc.)

Medications brought to camp: Containers are to be clearly labeled with camper name, medication name, administration instructions including indications, dosage, time given and purpose. All medications, including over the counter are by default to be held by camp staff. If the child is prepared to carry or administer their own medication (e.g., inhaler, epi-pen), please specify.

Medical condition instructions: Please include symptoms and response procedures, medications and dosages for emergency use, parameters for "on demand" meds, medications taken at home to inform emergency responders, etc.

Physician and Insurance Information

Physician or Practice Name _____

Insurance Provider _____

Page 2 of 2 (continued from front)

Participant's name: _____ Today's Date _____

Unacceptable Behavior Clause

I acknowledge that Audubon Society of Western Pennsylvania (ASWP) maintains a no-tolerance policy towards malicious violence perpetrated by program participants. Malicious violence includes, but is not limited to, punching, hitting, slapping, pushing, kicking, or other related forms of violent physical conduct with the intent to harm other participants. Any such actions may warrant immediate expulsion without refund from all ASWP current and future programs. Participation in future ASWP programs will be contingent upon the review of ASWP.

I understand that malicious violence is strictly prohibited. If my child causes such actions, I understand that my child may be expelled, without refund, from all ASWP programs in which my child is registered for the season. If I am contacted regarding such behavior, I agree to collect my child from any location in which the incident occurred, within a reasonable amount of time not to exceed 2 hours.

Initial here to acknowledge the Unacceptable Behavior Clause: _____

Media Release

I grant permission to Audubon Society of Western Pennsylvania (ASWP), its agents, and its employees the irrevocable and unrestricted right to produce photographs and video taken of my child, myself, and members of my family while on ASWP property or participating in an ASWP program at any location for any lawful purpose including publication, promotion, illustration, advertising, trade, or historical archive in any manner or in any medium. I hereby release ASWP and its legal representatives from liability for any violation or claims relating to said images or video. Furthermore, I grant permission to use the statements of my child, myself, or my family members given during an interview or evaluation with or without my name for the purpose of advertising and publicity without restriction to time limit or geographic area. I waive my right, my child's rights, and my family's rights to any compensation stemming from the use of these materials.

Signature of parent/guardian

Date

Waiver and Emergency Authorization

I hereby grant permission for my child to attend and participate in Audubon Society of Western Pennsylvania programs. I acknowledge that while participating in a program or activity arranged by Audubon Society of Western Pennsylvania, certain risks and dangers may be present, including but not limited to those generally associated with certain activities, accidents, illness and forces of nature. I agree to indemnify and defend Audubon Society of Western Pennsylvania and hold it harmless from and against any and all claims, suits, damages, liabilities and expenses, including attorney's fees and Audubon Society of Western Pennsylvania's costs of defense in connection with the loss of life, personal or bodily injury and/or damage to or loss of property that arises from participation except to the extent that such loss or damage is occasioned by the negligent act or omission of the Audubon Society of Western Pennsylvania, its officers, agents or employees and no negligence on the part of the Participant.

When field trips are included (see program description), I have read about and understand any field trips that may be scheduled for the session my child will be attending and give permission for my child to participate in each trip. I give staff permission to transport my child for these purposes.

This health history is correct so far as I know. In the event of an emergency, I hereby give consent to authorize personnel to administer emergency treatment to my child, including hospitalization, securing proper treatment for, and ordering injections and/or anesthesia and/or surgery. I understand that any medical expenses will be billed directly to me or my insurance company.

Signature of parent/guardian

Date

