

Mendocino Woodlands Camp Association

Science Camp Release Form (Child-under 18 years old)

PARENT OR GUARDIAN: PLEASE COMPLETE BOTH SIDES OF THIS FORM IN INK.

STUDENT'S NAME: _____

School/Group: _____ Program Dates: _____

Teacher's Name _____

Participant's Age: _____ Birth Date: _____ Gender: Female Male

Address (include city and zip): _____

Parent/Guardian Name: _____ Day Phone: () _____

Evening Phone: () _____ Cell Phone: () _____ Email: _____

EMERGENCY CONTACT:

Name: _____ Day Phone: () _____

Evening Phone: () _____ Pager/Cell: () _____ E-mail: _____

ACKNOWLEDGEMENT AND RELEASE AUTHORIZATION FOR MEDICAL TREATMENT:

I am familiar with the program for which the participant is registering. I understand that this program involves activities of a physical nature that will take place in an outdoor environment, and may include hiking on trails and rough terrain and in the vicinity of bodies of water, and overnight camping. I further understand that there are risks associated with these kinds of activities.

As the parent or guardian of the pupil, I agree to release and hold harmless the Mendocino Woodlands Camp Association (MWCA), its board, employees, volunteers, and representatives from any and all claims, losses, damages, liability, costs or expenses that may be related to or arise from the Pupil's participation in this event or activity. I understand and agree that this release relates to any claims, losses, damages, liability, costs or expenses brought by the Pupil, the Pupil's parents or guardians, the Pupil's immediate family, and anyone else who may standing the place of or derive a claim from the Pupil.

If my child is taking any medication, I understand that MWCA will not be responsible for administering such medication, and that I will be required to make any necessary arrangements for the administering of such medication through the participant's school. If I, or the emergency contacts designated previously, cannot be contacted, I hereby give permission to a licensed physician, or other qualified health care provider as may be appropriate, to administer such treatment to my child, the participant, as may be necessary under the circumstances, including the hospitalization of my child.

I certify that I have completed the Health History and Health Questionnaire on the back of this form fully and accurately and accept full responsibility for any errors or omissions.

I certify that my child and I have read the Behavioral Expectations and agree to its terms.

I HAVE READ THE AGREEMENT, FULLY UNDERSTAND IT, AND GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN THE PROGRAM IDENTIFIED ABOVE.

Signature of Parent or Legal Guardian: _____ Date: _____

PHOTOGRAPH AUTHORIZATION: I agree that any photographs or video taken by any MWCA personnel of my child as a program participant shall be the property of MWCA, and may be used by MWCA, at its discretion, for any publicity, education, marketing and/or advertising purposes and I hereby consent to and authorize such use without restriction.

Signature of Parent or Legal Guardian: _____ Date: _____

<p>Physical Condition:</p> <p>Please list any non-allergy physical/medical conditions that would be helpful for us to know about this child in an emergency. There is space in the next box for allergies.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Is this child capable of walking 3 miles, with frequent rest stops, in the course of a day?</p> <p>_____ yes _____ no</p>	<p>Medications:</p> <p>Is the child taking any medications? _____ yes _____ no</p> <p>If yes, please list and describe:</p> <table border="0"> <thead> <tr> <th style="text-align: left;">Name of Medication</th> <th style="text-align: left;">Dosage & Instructions</th> </tr> </thead> <tbody> <tr> <td>1) _____</td> <td>_____</td> </tr> <tr> <td>2) _____</td> <td>_____</td> </tr> <tr> <td>3) _____</td> <td>_____</td> </tr> <tr> <td>4) _____</td> <td>_____</td> </tr> </tbody> </table> <p>Is the child current on tetanus injections? _____ yes _____ no</p> <p>Is the child permitted to have Tylenol? _____ yes _____ no</p>	Name of Medication	Dosage & Instructions	1) _____	_____	2) _____	_____	3) _____	_____	4) _____	_____
Name of Medication	Dosage & Instructions										
1) _____	_____										
2) _____	_____										
3) _____	_____										
4) _____	_____										
<p>Allergies</p> <p>List any foods that the child is allergic to and cannot eat.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Please indicate any non-food allergies that the child has.</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Dietary Preferences</p> <p>(This is for food preferences & sensitivities only. IF YOUR CHILD HAS FOOD ALLERGIES, COMPLETE THE BOX ON THE LEFT.)</p> <p>Please circle any that apply:</p> <p>Vegetarian</p> <p>Vegan</p> <p>No pork</p> <p>No red meat</p> <p>No nuts</p> <p>No dairy or limited dairy (lactose intolerant)</p> <p>No wheat</p> <p>Other: _____</p> <p>_____</p>										
<p>Miscellaneous</p> <p>Is there anything else that you believe it is important we know in regards to this child's participation in this program? For example, sleepwalking or bedwetting. If so, please describe:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Health Care</p> <p>Name of physician: _____</p> <p>Physician's telephone: _____</p> <p>Is child covered by any medical insurance: ___ yes ___ no</p> <p>If so:</p> <p>Carrier: _____</p> <p>Group # _____</p> <p>I.D. # _____</p> <p>Subscriber Name _____</p>										

****Please read and sign the front of this page.****