

**Medical and Waiver Form**

**To be completed and signed by Parent/Guardian**

**2 pages**

**Participant Information**

p. 1 of 2

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Gender  Male  Female

Swimming ability:  very good  good  fair  cannot swim

Food Allergies \_\_\_\_\_ Other Allergies \_\_\_\_\_

Medical conditions \_\_\_\_\_

Medication & Instructions \_\_\_\_\_

**Parent or Guardian Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Mom's Cell Phone \_\_\_\_\_ Dad's Cell Phone \_\_\_\_\_

**If not available in an emergency, notify**

Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell \_\_\_\_\_

**Health Insurance Information**

Name of Insurance Co.: \_\_\_\_\_

Name of Policy \_\_\_\_\_

Policy or Group Number \_\_\_\_\_

Address \_\_\_\_\_

City, \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**AUTHORIZATION FOR TREATMENT:**

I, as parent or guardian of (child Name) \_\_\_\_\_, hereby give permission to the medical or dental personnel selected by the camp to order X-rays, routine tests, treatment for the participant and necessary transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the program to secure and administer treatment, order injections, anesthesia, or surgery, including hospitalization for the child named above. The completed forms maybe photocopied for trips outside of All Out Adventures. I further acknowledge that I will be responsible for payment of all charges related to the medical or dental services provided. I also give permission to the camp nurse to administer over the counter medications and physician ordered medication in cases deemed necessary by the All Out Adventures Sportsman’s Camp Program Director.

**PARENT/PARTICIPANT AGREEMENT:**

This health history is correct so far as I know, and the child named above has permission to engage in all prescribed camp activities. All Out Adventures Programs exercises caution in the conduct of all program activities; however, they do not assume responsibility for accidents, injury or illnesses suffered by its participants.

I, as a parent or guardian of the child named above, individually and on behalf of the participant, hereby release, discharge and agree to indemnify the All Out Adventures Program, their directors, volunteers, and employees from all liability for damage, injury or illness to the participant or their property relating to or deriving from their participation in All Out Adventures programs or participation in or travel to or from All Out Adventures activities. I, as a parent or guardian of the child named above, understand that participation in outdoor recreation activities involves risk. Accidents or dangerous encounters with wildlife may occur and possibly cause bodily harm, illness, or even death.

I, as a parent or guardian of the child named above, hereby grant permission for the All Out Adventures Program to use any photographs of the participant taken during the camp sessions in newspapers, magazines, websites, or brochures or other media for promotional purposes.

**Parent Signature:**

**Date:**

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