

Wild Nature Project Youth Programs Confidential Medical Record and Release Form

PART 1 General Information

Program _____ Date _____

Child's Name _____ Age _____

Male Female Date of Birth _____ Height _____ Weight _____

PARENT/GUARDIAN CONTACT INFORMATION:

Name: _____ Relationship _____

Home Phone (____) _____ Work/Other Phone (____) _____

Full Home Address _____

Email Address: _____

Optional/Alternate contact: _____ Relationship _____

Home Phone (____) _____ Work/Other Phone (____) _____

INSURANCE INFORMATION: Each person is responsible for medical expenses. Sickness and accident insurance is recommended but not required. Please indicate if you do NOT carry insurance.

Name of Health Insurance Carrier: _____

Policy Number _____ Group Plan _____

Phone _____

Does insurance company require pre-authorization? NO YES phone (____) _____

Are you covered by any hospitalization care policy? Yes No

Personal/Family Physician _____ Phone (____) _____

PART 2 Medical Information

If your child has any personal medical conditions or problems that Wild Nature Project should be aware of, it is your responsibility to acquaint us with the existing condition both in this form as well as at the registration for the program. The information will be held in confidence and used only to render proper assistance should the need arise. You should know that it is possible for participants with a variety of medical/ psychological difficulties to successfully complete our courses, but we must be aware of these conditions for our benefit. Failure to disclose such information could result in serious harm to your child or fellow participants.

1. Does your child wear: glasses or contact lenses? _____ Hearing aid? _____

2. Does your child have asthma? _____ If so, do they have/carry medication?(specify)

3. Does your child have a heart condition? _____ If so, please describe their limitation, medications (if any) and history:

4. Does your child have any physical disabilities or limitations that could become a problem on this program? If so, please describe disability, limitation, and history:

5. Allergies/Intolerance to any insects, plants, foods, medications, etc. - List below. Please describe their reaction (if you know them) to any of the above.

6. List any medications that your child takes, condition prescribed for, and the doses and schedules for any such medications. Also do they experience any side effects?

7. Describe your child's current physical exercise activity. Include frequency, duration and intensity.

8. Answer "yes" or "no" below, for your child

	Yes	no
a. Seizure within past year	<input type="checkbox"/>	<input type="checkbox"/>
b. Hospitalization within past 2 years	<input type="checkbox"/>	<input type="checkbox"/>
c. Emergency Dept. visit within past year	<input type="checkbox"/>	<input type="checkbox"/>
d. Neck, back, shoulder, knee, ankle pain or injury	<input type="checkbox"/>	<input type="checkbox"/>
e. Medical equipment needed	<input type="checkbox"/>	<input type="checkbox"/>
f. Other medical issues, illnesses or symptoms	<input type="checkbox"/>	<input type="checkbox"/>

Give details on any question for which you checked "yes". Include symptoms and/or any restrictions.

10. Any mental, emotional or psychological issues we should be aware of at this time? All information is kept confidential and is meant to provide a supportive and safe atmosphere for all involved in the program.

11. Please list any dietary restriction your child may have (i.e. Vegetarian, vegan, allergies, etc.)

REQUIRED SIGNATURES

Medical Release:

The information provided above is a complete and accurate statement of the physical and psychological factors which may affect my child's participation in a Wild Nature Project program. I realize that failure to disclose such information could result in serious harm to my child and/or fellow participants. I agree to indemnify and hold Wild Nature Project harmless if all relevant information is not disclosed. I also agree to notify Wild Nature Project should there be any change in my child's health status prior to the start of the program or during the program.

Print Primary Parent/Guardian's Name _____

Signature _____ Date _____

I, _____ (print name), hereby give consent for emergency hospitalization if it becomes necessary as a result of my child's participation in a Wild Nature Project program.

Parent/Guardian Signature _____ Date _____

Conditions of Participation

RELEASE AND WAIVER OF LIABILITY: In all programs conducted by The Wild Nature Project, reasonable care is taken to prevent serious injuries and to minimize accidents. I am fully aware that nature, survival, swimming, and other activities even under the safest conditions, has inherent dangers and I hereby accept any and all responsibility for, and assume the risk of any and all injury or damage to my person or dependant children that might arise directly or indirectly as a result of participation in any WILD NATURE PROJECT program. I hereby expressly release, discharge and hold harmless from any liability whatsoever, WILD NATURE PROJECT and all employees and volunteers in their capacity as representatives of WILD NATURE PROJECT, except for injuries caused intentionally, or by willful misconduct. I also expressly release all private property owners, and their heirs, of the land on which WILD NATURE PROJECT conducts its programs, events, and workshops from all liability resulting in injury or losses incurred which may arise out of or relate to the group's use of the property which are the result of any defect or deficiency in the condition of the property or the building in which it is located.

INSURANCE: I understand that it is my responsibility to provide for my own, and any other members of my family if applicable, accident and health coverage while participating in WILD NATURE PROJECT programs. WILD NATURE PROJECT does not provide any accident and health insurance for its participants.

MEDICAL RELEASE: I authorize WILD NATURE PROJECT, as my agent, to give consent to surgical or medical treatment by a licensed physician or hospital when the physician deems such treatment necessary and I cannot be contacted within a reasonable time or I am not otherwise able to give such consent. I authorize WILD NATURE PROJECT to give first aid, CPR or other treatment by a qualified staff member.

ACCEPTANCE: I certify that I am familiar with the contents of this release, that I have read and understand the same, and that it is my intention by signing this release that the same be binding not only on me, but on my heirs, administrators, executors, successors, and assigns.

Parent/Guardian Signature: _____ Date: _____

PHOTO RELEASE: By signing below I hereby grant free permission for The Wild Nature Project to use images of my child participating in their programs or events for outreach purposes, including but not limited to electronic or printed materials or media. Please consider granting this release to us if at all possible, as our ability to successfully share our program with new participants depends on having representative photographs.

Parent/Guardian Signature: _____ Date: _____

NO, I do not wish to grant a photo release. Signature: _____ Date: _____