

Seattle Audubon Nature Camp Authorization and Health Form

Please fill out both sides, sign and return this form to Seattle Audubon prior to the first day of your child's Nature Camp session. Campers without completed forms may not participate in camp. For extra copies, visit our website, seattleaudubon.org, or call 206-523-4483.

Session Number (s) (or dates): _____

Child's Name: _____

Age: _____ Birth date: ___/___/___ Grade Entering: _____ Gender: _____

Parent/Guardian's Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Alternate Phone: _____ Place of work: _____

Person(s) authorized to provide transportation (if other than parent/guardian):

Name: _____ Phone/Cell/Pager: _____

Name: _____ Phone/Cell/Pager: _____

Name: _____ Phone/Cell/Pager: _____

EMERGENCY MEDICAL INFORMATION

Best person to contact in case of emergency:

Name: _____ Relationship: _____

Address: _____ Daytime Phone/Cell/Pager: _____

Alternate person to contact in emergency:

Name: _____ Relationship: _____

Address: _____ Daytime Phone/Cell/Pager: _____

Physician: _____ Facility: _____

Address: _____ Daytime Phone/Cell/Pager: _____

Medical Insurance: Company: _____ Policy Number: _____

HEALTH INFORMATION

Allergies: Please describe any allergies, typical reaction and treatment.

Has the child been directed by a doctor to carry an Epi pen? YES / NO

If yes, does he/she know how/when to administer it? YES / NO

Dietary Restrictions: _____

Restrictions on physical activities? _____

Other Medical Concerns: _____

Medications currently taking: _____

(Please complete a medication card if camper needs medication during camp)

Comments:

OFFICE USE ONLY:
Child _____
Session _____
Photo Release Yes No

Seattle Audubon Nature Camp

Liability Release and Medical Authorization Form

Permission and Liability Release

I hereby give my consent for _____
(name of participant)

to participate in Seattle Audubon Society (SAS) programs, including off-site field trips, and declare that I will not hold SAS, its employees, board, or any volunteers responsible for any injuries, damage or personal loss incurred while participating in the program. Further, we agree to indemnify, hold harmless, pay and defend SAS, its employees, board, and volunteers from any claims by the participant arising from his/her participation in SAS programs.

The undersigned and the above-named participant are aware that safety regulations are applicable to the above program and hereby agree to comply with such regulations and all directions of instructors and/or other personnel in charge of the program.

Signed: _____ Date: _____
(Participant, or parent/guardian if under 18 years of age)

Medical Authorization

I understand that the Seattle Audubon Society (SAS), its staff, and all persons related directly or indirectly with the SAS assume no financial obligation or liability; but in the case of accident or illness, I grant my authorization to secure medical treatment for the above-named if I cannot be contacted immediately. I hereby consent to the administering of any and all medical procedures deemed necessary by the attending authorities.

Signed: _____ Date: _____
(Participant, or parent/guardian if under 18 years of age)

Print Parent/Guardian Name: _____ Relationship: _____

Photo Release

I hereby grant permission for publishing, in the SAS Earthcare Northwest monthly newsletter, promotional brochures, other publications, film, television or other electronic media, any footage, pictures or sound in which the above named participant appears. Understanding that reasonable attempts will be made to notify the participant/parent prior to use of full names, I additionally consent to the use of the participant's name with these media releases.

Signed: _____ Date: _____
(Participant, or parent/guardian if under 18 years of age)

8050 35th Ave NE Seattle WA 98115
206-523-4483



Seattle Audubon Nature Camp

Medication Card

Dear Parent:

Please complete one medication form, per medication, on the bottom of this page, if your child needs to take any medication during the hours of camp. Bring the form, with the medication in the original packaging, to camp check-in on the days needed. *Be sure to give all details on dosage, times, etc.*

If you have any questions, please call, or talk to the director on the first day of camp. Additional copies of the form are available at camp.

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Seattle Audubon Nature Camp Medication Card

Camper's Name: _____ Session: _____

Medication: _____ Dosage: _____

Dates and times to be administered: _____

Method of administration: _____

Additional instructions: _____

I understand that camp staff will administer medications as directed above. While all care will be taken, Seattle Audubon Society accepts no responsibility for incorrect or misleading instructions or labeling, or incorrect contents of packages.

Signature: _____ Date: _____

Parent/Guardian Name (Printed): _____

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Seattle Audubon Nature Camp Medication Card

Camper's Name: _____ Session: _____

Medication: _____ Dosage: _____

Dates and times to be administered: _____

Method of administration: _____

Additional instructions: _____

I understand that camp staff will administer medications as directed above. While all care will be taken, Seattle Audubon Society accepts no responsibility for incorrect or misleading instructions or labeling, or incorrect contents of packages.

Signature: _____ Date: _____

Parent/Guardian Name (Printed): _____