

Spirit of America authorization form



| | | | |
|---|------------------------|-------------------------|--------------------------------|
| _____ Student's name | | _____ Birth date | _____ Male/female |
| _____ Address | | _____ Phone | _____ Date of last physical |
| _____ Name of parent/guardian 1 | _____ Daytime phone | _____ Other phone | _____ Email |
| _____ Name of parent/guardian 2 | _____ Daytime phone | _____ Other phone | _____ Email |
| _____ Name of relative or childcare provider | | _____ Phone | |
| _____ Address | | _____ Relationship | |
| _____ Medical Insurance Company | | _____ Contact number | |

Health Information

Current medication (please explain how often and for what reason):

Has your child been stung by a bee, wasp, etc? YES NO More than once? YES NO What was your child's reaction? _____

Are there any recent operations, physical handicaps or any other conditions the programmer should be aware of? YES NO

Explain: _____

List all known allergies: _____

Last tetanus toxoid immunization: _____

Are there any special needs or learning disabilities? YES NO Explain: _____

Your child should arrive at camp with sunscreen already applied. It is not the liability of Lake Metroparks if your child receives sunburn while participating in camp. Lake Metroparks will not apply additional sunscreen throughout the day.

Authorization for Pick-up

In the event that I cannot drop off or pick up my child for Spirit of America, I authorize the following person to do so (please advise these individuals that a photo ID will be required before Lake Metroparks staff will release your child):

Name Relationship Phone

Name Relationship Phone

X _____
Signature of parent/guardian **Date**

Media Release

I give my permission for Lake Metroparks & Spirit of America to use photographs or similar media of my child for purposes of publicity and/or publications solely to promote Lake Metroparks and its programs.

X _____
Signature of parent/guardian **Date**

Camp Rules/Behavior Agreement

I, on behalf of myself and my minor child, agree to follow the rules of Lake Metroparks and its staff during my minor child's participation in Spirit of America. I understand that any child exhibiting behavior that may cause harm to themselves, other participants or staff will be asked to leave the program without a refund. These behaviors include, but are not limited to, hitting, kicking, biting, sexual harassment and/or possessing weapons or illegal substances.

X _____
Signature of parent/guardian **Date**

Waiver

The undersigned, our administrators, executors, successors and assigns do hereby forever release and discharge the Lake Metroparks, its agents, employees, board of directors, officers and administrators from any and all liability which may arise from the participation in a camp at Lake Metroparks. It is further understood and agreed that the Lake Metroparks, its agents, employees, board of directors, officers and administrators have made no representations other than the definition of Lake Metroparks camp activities. It is further understood that the undersigned, our administrators, executors, successors and assigns shall save harmless the Lake Metroparks from any claims, demands, causes of actions, suits at law or in equity which may be brought against the Lake Metroparks as a result of Lake Metroparks camp activities by the undersigned. It is further agreed that, the undersigned, on behalf of the minor child and/or children, shall hold harmless the Lake Metroparks, its agents, employees, board of directors, officers and administrators from any claims, demands, causes of actions, suits at law or in equity which may be brought against the Lake Metroparks, its agents, employees, board of directors, officers and administrators as a result of participating in said Lake Metroparks camp by the undersigned or their minor children.

X

Signature of parent/guardian Date

Part one OR Part two must be completed:

Part one (to grant consent)

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor Phone

Dentist Phone

Medical specialist Phone

Local hospital Phone

In the event reasonable attempts to contact me at the above phone number or the other guardians at the above phone numbers have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the above named doctors or above named preferred dentist, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to the above preferred hospital or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

X

Signature of parent/guardian Date

Part two (refusal of consent) *DO NOT complete Part two if you have completed Part one*

I DO NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish Lake Metroparks authorities to take no action or to:

X

Signature of parent/guardian Date



Before the Spirit of America registration is complete, student must complete a 40 to 50-word essay telling us why he or she would like to participate in the Spirit of America program.

Please type essay, sign electronically and email it to: rprather@lakemetroparks.com

Student signature