WILDLIFE ACTION ADVENTURE CAMP

EMERGENCY INFORMATION AND AUTHORIZATION FOR EMERGENCY TREATMENT

SESSION: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ FFF

Parent / Guardian Name: _____ **Address:** _____ **City:** _____ **State:** _____ **Zip:** _____

Main Phone # ( ) _____ **Physician's Name:** _____ **Phone #** ( ) _____

Child's Name:	DOB	Allergies	Date of last Tetanus Boos.	Existing Medical Problems:

For Overnight Camp: Can Swim □ Cannot Swim □ PREFERENCE: Upper Bunk □ Lower Bunk □

Any Additional Information Please List On Separate Sheet and Attach To This Form. T-Shirt Size: _____

NAME(S) OF ADULTS THAT MAY SIGN FOR EMERGENCY MEDICAL TREATMENT IN YOUR ABSENCE:

Name: _____ **Address:** _____ **Phone#:** ( ) _____

Name: _____ **Address:** _____ **Phone#:** ( ) _____

In the event that I (We) the parent(s) cannot be contacted, I (We) authorize the above named individual to grant permission for any medical/surgical procedure that is in best interest of the above named child(ren) in the opinion of a physician licensed to practice in South Carolina. I (We) further authorize that if the physician or a designated assistant, are unable to receive authorization for care, that the physician is hereby authorized in an emergency situation to perform whatever acts that in his professional opinion are in the best interest of the above named child(ren).

Signature of Parent:		**Date:**	

CONSENT AND RELEASE

STATE OF South Carolina
COUNTY OF Marion

I, _____, do hereby consent to voluntarily participate in or allow my child, _____ to participate in the following Wildlife Action activities/property used as indicated: _____. I do hereby agree to release and forever discharge Wildlife Action, Inc., its officers, agents and employees from all and any suits, claims, damages, liabilities, cost, and expenses, including reasonable counsel fees, which result from or may arise out of participation in the aforesaid activity/property use. During participation in said activities/property use, I hereby grant Wildlife Action, Inc., its employees and agents full authority to take whatever actions they may consider to be warranted under the circumstances regarding the protection of the participant's health and safety, and I hereby release each of them from any liability from any such decisions or actions as may be taken by them in connection therewith. The authority granted in the preceding sentence shall include the right to place the participant, at his/her own expense, and without any further consent, in a hospital or medical services and treatment, or if no hospital is readily accessible, to place participant in hands of local medical doctor for treatment. Wildlife Action reserves the right to use any photographs, videos, writings, etc. to promote Wildlife Action.
I have read and understand all rules and regulations and hereby agree to comply with all rules, standards, and instructions relating to this activity/property use which are promulgated by Wildlife Action, Inc. I agree that Wildlife Action, Inc., its employees and agents, shall have the right to enforce appropriate standards of conduct, that Wildlife Action, Inc., may at any time, terminate participation in said activity/property use in the event of any failure to abide by such rules and regulations.

Signature Participant, Parent, Guardian: _____ Date: _____

Adventure Camp Nurse Medical Information

Last Name: _____ First Name: _____

Tribe: _____ Bed Number: _____

DAY	SITUATION	DATE	TIME	PROCEDURE TAKEN
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Remarks:

*** BELOW TO BE FILLED OUT BY PARENTS ***

List Any Uncontrolled Or Over The Counter
Drugs That Your Child Cannot Consume

List Any Controlled Or Prescription Drugs That Your Child Has To
Consume And The Procedure In Which They Should Be Taken