

Erie MetroParks Emergency Medical Form

Please return this form one (1) week before camp.
Only one (1) form is required per child per calendar year.

Child's Information

Child's Name: _____

Birth Date: _____ Age: _____ Gender _____

Grade Completed As of 06/2017: _____

Address: _____

Parent(s)/ Legal Guardian Name: _____

Phone Number: _____

Parent(s) / Legal Guardian Email: _____

Authorization to Sign out/ Pick up above named child

For their safety, children are signed in and out of camps. Please list below the name and address of anyone other than yourself who you authorize to pick up and sign out your child from Erie MetroParks' Nature Camp. Your child will be released only to authorized persons. You must notify the office in advance of any changes.

Contact information of the adult who is authorized to pick up my child

Name of Adult: _____

Daytime phone number: _____

Acknowledgements

I am aware of the content of the Erie MetroParks Nature Camp Program. I understand my child must be able to follow all rules, instructions and policies required at camp. I understand that some risk of physical injury accompanies participation in the program. I understand that visual recordings of my child while he/she is participating in the camp activities may be taken and used for publicity purpose and expect no compensation should his/her photo be utilized. *Camper must be able to perform everyday living skills to attend camp*

Signature of legal parent/guardian: _____

Erie MetroParks Emergency Medical Care Authorization Consent for Treatment of a Minor

Please fill in and complete the information below. List a minimum of two (2) people we may call in the event of an emergency if above listed parent/guardian cannot be reached. These designated individuals also have permission to pick up your child from camp.

Name: _____

Phone Number: _____

Relationship to child: _____

* Everyday living skills: ability to use the bathroom, eat and wash independently, etc.

Name: _____

Phone number: _____

Relationship to child: _____

Other Medical Information

Physical or Mental Impairments: _____

List of any allergies: _____

Medications being taken: _____

Child's Weight: _____

Disabilities, conditions, or situations we should be aware of? _____

Camper must be able to perform everyday living skills to attend camp

Read Part 1 or Part 2 below, and choose either the consent of treatment or refuse the consent of treatment. Then sign and date.

Part 1. Consent of treatment

Erie MetroParks will make every reasonable effort to contact the parent(s) or guardian of a child left in our care, before authorizing any medical treatment. In the event reasonable attempts to contact persons listed above are unsuccessful, I the undersigned parent or legal guardian of the named minor, give my consent for emergency medical treatment of my child, and do hereby authorize Erie MetroParks personnel to use their own judgment in sending my child to a hospital or to the doctor most quickly available.

_____ I agree to consent

Part 2. Refusal to consent

I do not give my consent for emergency treatment of my child. In the event of illness or injury requiring emergency treatment I wish Erie MetroParks' authorities to take the following action _____

_____ I refuse to consent

Signature of Parent/Legal Guardian: _____

Today's Date: _____

* Everyday living skills: ability to use the bathroom, eat and wash independently, etc.