EMERGENCY INFORMATION AND MEDICAL RELEASE 2016 Session # ____

Spearhead Young Naturalist Program

Mississippi Headwaters Audubon Society

Child's Name ___________________________________

Emergency contacts:

Name: _______________________________________________________________

Relationship: _________________________ Phone: H_______________W_______________C___________________

Name: _______________________________________________________________

Relationship: _________________________ Phone: H_______________W_______________C___________________

I give permission for my child to participate in the Young Naturalist Program at the Neilson Spearhead Center. I authorize the lead naturalist or designated representatives to act for me according to their best judgment in any emergency requiring medical attention. In the event of an emergency and they are unable to reach the parents, guardian or emergency contacts, I authorize representatives of the Young Naturalist Program to perform any necessary emergency services.

I certify that:

___ My child is adequately covered by insurance.

Company: ______________________________________________________

Policy Number: __________________________________________________

___ My child does not have insurance, and I hereby assume all legal responsibilities for medical care.

___ I certify that my child is medically fit to participate in all activities offered by the Young Naturalist Program.

If not, please describe (physical disabilities or special education needs):

_____________________________________________________________________________________________________

Please check items that apply to your child and explain on the back, i.e., usual reaction:

Allergies: __peanuts __other foods __bee/wasp stings __other insects __poison ivy __other

List: List: List:

**If your child has asthma**, please describe the usual treatment. If your child uses an inhaler, please provide it to the instructors, along with instructions for its use.

Note: The instructors would prefer to hold all medications for safe keeping and observe the child self-administer the prescribed dosage when needed.

Please check swimming ability (life jackets will be required while canoeing):

__floats __treads water __3 or 4 different strokes __very proficient

Describe your child's experience with canoeing _______________________________________________________________

_______ I give permission for my child to be included in photographs of Young Naturalist activities. Photos may be used for promotion of the Young Naturalist Program and the Neilson Spearhead Center.

_______ I give permission for ibuprofen/Tylenol/Tums in case of headaches or upset stomach aches.

Parent or guardian (print name): _____________________________________________

Signature of parent or guardian: _____________________________________________

Date: ______________________

# Please fill out this form and bring on the first day of the session.