

The Mountaineers

Health Information and Emergency Permission

This form is required on site for every person under 18 yrs. of age, not accompanied by a parent or guardian
It must be presented to the Mountaineers host upon arrival.
Forms may be needed at any time for an emergency.



Please print all information clearly.

Group Name or Host Family _____

Dates of The Mountaineers Program _____

(child's name) _____ has my permission to participate in The Mountaineers' program on the above dates.

Please list, with dates, any **major illness or injury** this child has had:

Within the past month _____

Within the past year _____

Date of **Tetanus Shot** (should be within ten years) _____

List any **Allergies** (medication, inhalant, or food) _____

Can this child take part in strenuous physical activities? _____

The following medication will be needed by this child while at this program. (All medication should be given to the group leader before leaving to come to The Mountaineers program. It may not be carried by the child.)

Medication

Amount and Time to be given

I hereby give permission to the Mountaineers host, group leader, or their designee to administer the above medication in the absence of a nurse.

Additional information and remarks:

I understand that every attempt will be made to contact me in the event of accident or injury, but that it might be impossible in an emergency to contact me quickly enough to authorize proper treatment. Therefore, I authorize the officials of my child's group and the staff of Camp Jewell to seek the proper treatment in the event of any accident or injury. I give my permission for the use of any form of medical treatment necessary, such as: injections, anesthesia, medicines, drugs, surgery, or other treatment which is deemed necessary by attending nurses and physicians, and also authorize transportation of my child by either private vehicle or ambulance in order to facilitate any necessary treatment.

Name of Parent/Guardian (please print) _____

Date _____ Phone # _____

Signature of Parent or Guardian (circle one) _____

Other emergency phone numbers if a parent cannot be reached:

Name _____ Phone _____

Relationship _____ Alt Phone _____

Family Doctor _____ Phone _____

Insurance Carrier _____ Policy Number _____