

Tom Denney Nature Camp - Staff Medical Form

Staff Name _____ SS# _____

Street _____ Town/City _____ State _____

Email _____ Your Cell Phone _____

Date of Birth (MM/DD/YYYY) __ __ / __ __ / __ __ __ __ Age _____

Parents/Guardians names: _____

Telephone Numbers:

Home _____ Work _____

Cell _____ Email _____

Name of two persons (other than parents or guardians) to contact in an emergency:

Name: _____ Phone: _____

Name: _____ Phone: _____

Allergies: _____

Restricted Activities: _____

Health Problems or concerns: _____

Family Doctor: _____ Phone: _____

Insurance Provider/Policy #: _____

I hereby give my consent for emergency medical care prescribed by staff, an EMT, a duly licensed Doctor of Medicine or Doctor of Dentistry while I am at camp or on a camp-related activity. This care may be given to me under whatever conditions are necessary to preserve life, limb, or well being. I know that participation in camp may result in serious injuries or even death and do hereby waive, release, absolve, indemnify, and agree to hold harmless the Bolton Conservation Trust, Inc, the Tom Denney Nature Camp, the organizers, sponsors, supervisors, participants and persons transporting me to and from activities from any claims arising out of injury to me whether the result of negligence or for any other reason. I also give permission for use of my image in photographs.

Signed by Staff Member: _____ **Date:** _____

OR if under 18 years of age;

As parent or legal guardian of _____, I hereby give my consent for emergency medical care prescribed by staff, an EMT, a duly licensed Doctor of Medicine or Doctor of Dentistry while my/our child is at camp or on a camp-related activity. This care may be given under whatever conditions are necessary to preserve life, limb, or well being of my dependent. I know that participation in camp may result in serious injuries or even death and do hereby waive, release, absolve, indemnify, and agree to hold harmless the Bolton Conservation Trust, Inc, the Tom Denney Nature Camp, the organizers, sponsors, supervisors, participants and persons transporting my/our child to and from activities from any claims arising out of injury to my/our child whether the result of negligence or for any other reason. I also give permission for use of my child's image in photographs.

Signed by Parent/Guardian: _____ **Date:** _____