



CANADIAN ADVENTURE

Parental Consent, Hold Harmless, and Medical Release

TO WHOM IT MAY CONCERN:

The undersigned does hereby give permission for our (my) son/daughter to attend and participate in Canadian Adventure during the week of _____, 20___. All participants and parents need to know that while Canadian Adventure works very hard to ensure safe activities, the wilderness is by definition unpredictable and at times dangerous. I give my permission for our/my son/daughter to participate in all camp activities on or off the camp grounds. (Any questions regarding the activities may be directed to the camp director) The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Canadian Adventure.

We (I) authorize an adult, in whose care the minor or myself (implied consent) has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor or myself (if I am incapable) under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital and/or emergency care facility, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. (For the minor) We (I) do herewith authorize the treatment by this authority, and it is granted only after a reasonable effort has been made to reach us/me the parent(s) and/or guardian(s).

We (I) the undersigned shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or myself pursuant to this authorization. Should it be necessary for our (my) child or myself to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

This consent and release for myself or my child will be in effect starting _____, 20__ and continuing until _____, 20___. My signature also serves to indicate my willingness to take full financial responsibility for any and all medical services rendered for the named participant. My signature also serves to indicate my willingness for my Health Insurance Company: (name)

Policy No.: _____ to be billed for any and all medical fees and services should they be necessary. We (I) hereby release Canadian Adventure & Silver Birch Ranch from this liability.

The undersigned does hereby release and agree to hold harmless Canadian Adventure and Silver Birch Ranch and their directors, employees, agents or representatives from any and all liabilities or claims for personal injury, illness or death, as well as property damage and expense of any nature whatsoever which may be incurred by myself, our (my) son/daughter that occur within the effective dates stated above and/or while myself or said child is participating in the above named camp program and its activities. I give permission for Canadian Adventure or Silver Birch Ranch to use images of my child or myself for promotional purposes. To be in compliance with HIPPA privacy regulations I authorize release of protected health information (diagnosis and treatment) to any Canadian Adventure or Silver Birch Ranch staff member in need of this information to care for my or my child's ongoing health needs while at camp.

Name of Guest _____ Date of Birth ___ / ___ / ___

Parent's or Guardian's signature ****REQUIRED**** _____ Printed Name of Parent or Guardian _____

Will minor camper be under any medication while at camp? Y N If yes please list on "Medical Screening Form".

All medications are to be in original containers with prescriptions attached to the containers and held by the group's leader or given to the camp medical staff at arrival.

I give the camp medical staff permission to administer over-the-counter, nonprescription medicine to my child. These medicines would include acetomeniphen (Tylenol), ibuprofen, Benadryl, antacids _____ Yes _____ No, please call me.

EVERY GUEST MUST HAVE THIS FORM COMPLETED TO ATTEND CAMP
Please keep a copy for your records.