

Upper Wabash Interpretive Services Youth Health and Family Information Permission Form

Please indicate any special health problems below. PLEASE LIST A DAYTIME TELEPHONE NUMBER SO WE CAN REACH YOU IF NECESSARY. If you have more than one child attending, please include information for each child. THANKS!

CHILD'S NAME _____ BIRTH DATE ___/___/___ AGE _____

PARENT/GUARDIAN (S) NAME: _____

WORK PHONE _____ HOME PHONE _____

ADDRESS: _____

ADULTS AUTHORIZED TO PICK UP YOUR CHILD

ALLERGIES OR OTHER MEDICAL PROBLEMS OF WHICH WE SHOULD BE AWARE

Anything else you would like us to know about your child _____

FAMILY PHYSICIAN _____ TELEPHONE NUMBER _____

My child, _____, has permission to participate in the activities offered by the interpretive staff of the Upper Wabash Reservoirs during the UWIS Day Camp. I for my children, myself, my spouse and my heirs, do hereby release and hold harmless the UWIS, DNR, staff, sponsors, donors, and volunteers from any and all liability resulting from injuries or death or damage to property, whether caused by employees, volunteers, other participants or the child while participating in any activity.

Date _____ Parent/Guardian Signature _____

MEDIA RELEASE: Photos of participating children are taken during activities. These may be used in publications, including but not limited to: the UWIS website, newspapers, and other UWIS/IDNR promotional materials.

_____ (check) I give permission for my child's photo to be used for media publications.

_____ (check) I do not grant permission for my child's photo to be used for publication.

Date _____ Parent/Guardian Signature _____

In the event that I cannot be reached in an emergency, I hereby give my permission to the physician selected by the person in charge to secure emergency treatment for my child.

Date _____ Parent/Guardian Signature _____