



Friends of Hunt Hill Audubon Sanctuary, Inc.

N2384 Hunt Hill Rd
Saronia, WI 54870

www.hunthill.org
715-635-6543

Youth Medical & Release Form

Hunt Hill will keep your health information private and will only share pertinent information with necessary staff. Hunt Hill staff will provide first aid only. In the event of severe illness or injury, Rice Lake's Lakeview Medical Center EMS will provide care at participant's expense.

Camper's Name: _____ **Age:** _____ **Date of Birth:** _____
Street Address: _____ **City/State/Zip:** _____

Emergency Contacts: In case of emergency, who should be notified?

Parent/Guardian _____ **Relationship:** _____
Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Approved Transportation: Please list below any people who have your permission to transport your child. Children will only be released to approved persons on this list. Include any parents/legal guardians, relatives who might pick up on occasion, or people with whom you plan to carpool.

If you have any concerns about custodial issues or restraining orders, please advise us in writing of any unapproved persons below.

Allergies: Please check Yes or No to indicate whether the camper has allergies to any of the following common allergens:

YES	NO	Allergen	Specific Allergen & Severity
<input type="checkbox"/>	<input type="checkbox"/>	Food or Drink	<input type="checkbox"/> Carry Epi-Pen?
<input type="checkbox"/>	<input type="checkbox"/>	Medications	<input type="checkbox"/> Carry Epi-Pen?
<input type="checkbox"/>	<input type="checkbox"/>	Insect Bites or Stings	<input type="checkbox"/> Carry Epi-Pen?
<input type="checkbox"/>	<input type="checkbox"/>	Plants	<input type="checkbox"/> Carry Epi-Pen?
<input type="checkbox"/>	<input type="checkbox"/>	Environmental (dust, pollen, etc)	<input type="checkbox"/> Carry Meds?
<input type="checkbox"/>	<input type="checkbox"/>	Has the camper ever had a severe allergic reaction (anaphylaxis)?	

Food Restrictions: Please list any foods that the camper cannot eat for health or religious reasons.

Medications: Please list any medications (including over-the-counter) that the camper takes on a regular basis. If you would like Hunt Hill staff to administer medications during the camper's stay, please write dosage and time of day to administer.

Past Medical History: Please check Yes or No to indicate whether the camper has any of the following medical conditions:

YES	NO	Condition	Description
<input type="checkbox"/>	<input type="checkbox"/>	Asthma	<input type="checkbox"/> Carry Inhaler?
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/> Insulin Pump?
<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy/ Seizures	
<input type="checkbox"/>	<input type="checkbox"/>	Other Conditions (please describe)	

Is there anything else that we should know about the camper's health history? (previous surgeries or hospitalizations, major trauma, problems requiring regular medical attention?)

Swimming Information

Swimming Level: Please choose one of the options below. Non-swimmers and beginning swimmers will be restricted to water that is below their armpits. Experienced swimmers will be given the choice to take the deep-end test. They must complete the test without the assistance of a PFD. After passing the deep-end test, swimmers will be allowed to swim in water above their armpits in both the shallow and deep ends of the swimming area.

- Non-swimmer: Has little to no experience swimming.
- Beginning Swimmer: Has some experience swimming in shallow water.
- Experienced Swimmer: Can confidently swim in water above their head, and has permission to attempt the deep end test.

Specific swimming instructions: If you would like your child to wear a personal flotation device (PFD) or you have any other concerns about swimming, please note that below. If your child must wear a PFD, please send one with the child to camp.

Reapplying Sunscreen & Insect Repellent

Reapplication: We have two breaks during the day to give campers an opportunity to reapply sunscreen - one at snack time and one at lunchtime. During this time, our staff will encourage campers to reapply their sunscreen. Campers will be responsible for applying their own sunscreen or finding a buddy to help them apply sunscreen. If you think that your child needs additional help applying sunscreen or if you would like our staff to ensure that your child has reapplied sunscreen, please check the box below.

- I would like a Hunt Hill staff member to assist my child with applying sunscreen and/or insect repellent.
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Photo Release (optional)

- I grant Hunt Hill Audubon Sanctuary permission to produce photographs and videos taken of my child, myself, and members of my family while at Hunt Hill for any lawful purpose including publication, promotion, illustration, advertising, or historical archive. Photographs of youth will not be identified by name.
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Youth Participant Release and Hold Harmless Agreement

Notice: No person may participate in the Friends of Hunt Hill Audubon Sanctuary, Inc. Day Camp programs ("Camp") without having signed and delivered the following Participant's Release and Hold Harmless Agreement (herein referred to as the 'Agreement'); no minor may participate without the consent and signature of a guardian.

I, the undersigned, hereby certify that I am the parent or legal guardian of the child(ren) and grant permission for my child(ren) to attend Camp. I affirm that, to the best of my knowledge, the registration information provided is true and complete. I also feel that my child(ren) are physically capable of participating in the Camp activities.

I RELEASE – for myself and my heirs, executors, administrators, legal representatives, assigns, and successors in interest, and for my child(ren) (if parent or guardian signing on behalf of a participant under the age of 18, referred to as 'child(ren)') – Camp and all other staff members, interns, organizers, and volunteers of this program, and the officers, directors, and/or members, agents and employees, as well as all medical, law enforcement and other personnel assisting with this program (collectively 'Released Parties') from any and all rights, claims, or liability for damage for any and all injuries to my child(ren), or my or their property arising out of or in connection with my participation in this Camp and claims for damage caused by me, my child, or anyone else [including acts of God]. I further agree that I will defend, indemnify, and hold harmless, the Released Parties against all claims, demands and causes of action, including court costs and reasonable attorneys' fees, directly or indirectly arising from any action or other proceeding brought by or prosecuted contrary to this Agreement for the benefit of me or my child. This Agreement extends to all claims of every kind and nature whatsoever, whether known or unknown. I understand that Camp activities are inherently dangerous activities, and I fully assume the risks associated with my child's participation in Camp, including but not limited to: the dangers of falls and collisions with other children, staff members, pedestrians, vehicles and fixed or moving objects; the dangers of all physical activities, the risk of drowning; the possibility of serious physical and/or mental trauma or injury or death associated with Camp, among others. I certify my child is physically and mentally fit to participate in this program.

I hereby authorize the staff of Camp to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release Camp from any and all liability for any injuries, illnesses or lost property incurred while at Camp. I represent that my child(ren) have no medical or physical condition which could interfere with their safety at Camp, or else I am willing to assume - and bear the costs of - all risks that may be created, directly or indirectly, by any such condition. I will be financially responsible for any advanced medical attention needed as a result of any injuries at Camp. My agreement to sign (either physically or electronically) on this waiver also states that my child(ren) are covered by my personal medical insurance policy or I agree to bear the costs of such injury or damages myself.

By signing this document, I agree that if myself or my child(ren) are hurt or our property is damaged during participation in Camp, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect. I have had sufficient time to read this entire document, and should I choose to do so, consult with legal counsel prior to signing. I assert that I am the parent/legal guardian or otherwise authorized to execute a legally binding agreement on behalf of my child(ren). I have read and understood this document and I agree to be bound by its terms.

Parent/Legal Guardian Name: (printed)

Parent/Legal Guardian Signature:

Date:
