

# Shantytown 2017: Medical/Permission Form



Participant Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**Team Leader:** \_\_\_\_\_

The purpose of this form is to ensure consent from parents for participation in the Habitat for Humanity of Wisconsin River Area (HFHWRA) Shantytown activities on April 29-30, 2017. It is also a form granting permission for the treatment of minors who become ill or injured when the parents or guardians cannot be reached to give consent for treatment. Every reasonable attempt will be made to contact the parent(s)/guardian listed below.

**Emergency Information:** (Person to contact in case of emergency)

Name \_\_\_\_\_ Relation to Participant \_\_\_\_\_  
Phone Day \_\_\_\_\_ Phone Eve \_\_\_\_\_ Phone Other \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Family Dr. Name \_\_\_\_\_ Family Dr. Phone \_\_\_\_\_

**Insurance Information:** (please provide copy of insurance card)

Participant is covered by a medical insurance policy:  Yes  No  
Insurance Company Name \_\_\_\_\_  
Name of Policy Holder \_\_\_\_\_  
Group Policy Number \_\_\_\_\_  
Authorization Phone Number \_\_\_\_\_

**Health History:**

Allergies/special health concerns/needs: \_\_\_\_\_  
\_\_\_\_\_  
Medication(s) they can **NOT** take : \_\_\_\_\_  
Medication(s) being taken : \_\_\_\_\_  
Special dietary needs: \_\_\_\_\_  
Any medical history that needs to be noted : \_\_\_\_\_

**Permission /Release/Authorization (for participants under 18)**

I, the undersigned parent or guardian, do hereby grant permission for my child, \_\_\_\_\_, to attend and participate in Habitat for Humanity Shantytown 2017. I give the adult leaders permission to provide basic aid to my child including the availability of basic over the counter medication including pain reliever, antihistamine, etc.

I give the adult leaders permission to seek medical attention for my child even if they can not reach me or the emergency contact. This may include treatment, administration of medicine, clinical procedures or surgery. I understand that any fees would be the responsibility of me or my insurance company.

I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold HFHWRA, its leaders, employees and volunteer staff liable for damages, losses, diseases, or injuries incurred through participation in the HFHWRA programs.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date