

Shantytown 2018: 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 May 5-6, 2018. 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