



SINKS CANYON HEALTH FORM

NAME: _____
ADDRESS: _____
PHONE: _____

I. SIGNIFICANT MEDICAL/SOCIAL HISTORY

A. Allergies to any food or medications (be specific and state whether mild or sever _____

B. Environmental allergies – hay fever, contact reactions, hives, etc. _____
_____.

C. Any specific health concerns or social problems that may complicate or affect your child’s enjoyment of a week of outdoor activities, including an overnight campout? (I.e. bedwetting, unusual fears, etc.) _____

_____.

D. Has your child received DPT Booster according to schedule?
Yes _____ No _____

E. Is there any reason your child can’t participate in strenuous activities such as supervised active games or a 4 mile trip to Popo Agie Falls? _____

_____.

F. Is your child taking any medication that he/she should be reminded to take by the camp staff? _____

_____.

G. Please, if you live outside the city limits or cannot be reached during Thursday's overnight activities, give an address or phone number of someone we can get in touch with. For some, this is a child's first experience away from home, and sometimes we have a need to contact the parents.

II. CONSENT FOR EMERGENCY TREATMENT

A. Emergency Phone Numbers:

B. I _____ give my permission to the attending physician for emergency treatment of _____ for injuries incurred at Sinks Canyon Camp in the event I cannot be located to give verbal consent.

III. WAIVER

Although every possible effort is made to ensure the safety of your child, accidents/injuries can happen. The City of Lander/Lander Parks & Recreation Department provides no accident insurance. In the event of accident or injury, all costs are the responsibility of the parent/guardian of your child. The City of Lander, further, despite all reasonable efforts that have been taken, cannot insure that the Hantavirus virus, which is believed to be carried by rodents, is not present on the site.

In consideration of your accepting my child's entry into the Sinks Canyon Day Camp, I hereby, for myself, my child, and my heirs, waive and release any and all rights and claims for damages I or my child may have against the City of Lander or the Parks and Recreation Department and its representatives and assigns for any and all injuries or diseases suffered by myself or my child at the Sinks Canyon Day camp sponsored by this agency.

Signature - Parent/Guardian

Date