

EMERGENCY NOTIFICATION INFORMATION

NAME: _____ DOB: _____

ADDRESS: _____

TELEPHONE #: _____

IN CASE OF EMERGENCY, NOTIFY:

NAME: _____ PHONE: _____

RELATIONSHIP: _____ CELL PHONE: _____

PAGER: _____

ALTERNATE CONTACT --

NAME: _____ PHONE: _____

RELATIONSHIP: _____ CELL PHONE: _____

PAGER: _____

ALLERGIES:

TO: _____ MEDICATION _____ PENICILLIN _____ ASPIRIN

_____ OTHER (specify): _____

CURRENT MEDICATIONS: _____

Any medical conditions or other information we should be aware of:

AUTHORIZATION FOR PARTICIPATION AND RELEASE: I hereby give permission for medical personnel selected by University of Maryland Extension (UME) to provide routine health care; to order x-rays, and routine tests; to administer medications, injections, anesthesia, surgery, and other treatment; to release records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission for medical personnel selected by UME to secure and administer treatment including hospitalization for the participant named above. I further understand that I will be responsible for medical/hospital bills. By signing this form, I give permission for the participant named herein to participate in all program activities except as specified herein. This completed form may be copied for trips out of camp and/or away from the program site. By signing this form, I release and forever discharge, agree not to sue, and to indemnify and hold harmless the State of Maryland, University of Maryland, and University of Maryland Extension and/or their officers, agents, employees, faculty, staff, and volunteers from and against any and all liabilities, costs, expenses, causes of action, claims, and/or demands in any way relating to the foregoing program activities and/or the health, illness, injury, and/or treatment of the participant named above.

I AM 18 YEARS OLD OR OLDER AND I HAVE READ AND FULLY UNDERSTAND THIS AUTHORIZATION FOR PARTICIPATION AND TREATMENT AND RELEASE.

Signature of Participant or Parent/Guardian
If participant is under 18 years old

Print Name of Participant or Parent/Guardian
if participant is under 18 years old

Signature of Parent/Guardian of 18 yr. Old
(Optional)

(OR) _____
Print Name of Parent/Guardian of 18 Yr. Old
(Optional)

Date: _____