

Maine Woods Explorer

Summer 2017: Consent Form

Name _____ Date of Birth _____

Parent/Guardian _____

Address _____

City _____ State _____ Zip _____

Day Phone _____ Evening phone/ Cell phone _____

Email _____

Persons to be contacted in case of emergency:

1. _____ Phone _____

2. _____ Phone _____

Pick-up Advice: People authorized to pick up your child (in addition to parents/guardian)

1. _____ 2. _____

Please Note: Under no circumstances will we release your child to anyone other than those names listed above or parents/guardians. If you wish to add a name to your list, please talk with the MWE staff.

Brief Medical History:

Special Health Concerns (Asthma, Diabetes, Epilepsy, etc.): _____

Medications: _____

List any known allergies (food, medicine, bee stings, etc.) _____

List any physical limitations your child may have _____

Any other pertinent information: _____

Family Physician's Name _____ Phone _____

CONSENT: Consent is hereby given for _____ to participate in NREC/Maine Woods Explorers' natural resource education programs. I understand that the programs may include carpooling to activities in outdoor environments, in all types of weather, and involve travel to remote, wilderness locations that are often a long ways away from immediate medical attention in case of emergency. I also agree that the NREC/Maine Woods Explorers, its agents, volunteers and employees, shall not be liable for any injury to the above named participant during the programs unless caused by gross negligence or willful misconduct. In event I cannot be reached, I give permission for administration of emergency medical and/or surgical treatment deemed necessary by a local physician.

Parent/Guardian's signature _____ Date _____

Photo/Video Release: I hereby allow NREC/Maine Woods Explorers to use photo/video of my child for appropriate promotional materials (brochures, newsletters, presentations and website).

Parent/Guardian's signature _____ Date _____