Activity Consent Form and Approval by Parent or Legal Guardian

First name of participant _____ Middle initial _____

Last name _____

Birth date (month/day/year) _____/_____/_____ Age during activity _____

Address (need street address if you have a P.O. Box) _____

_____

City_____State _____ Zip _____

Home Phone _____ Parent Cell Phone _____

My child has approval to participate in (brief description of activities/program):

_____

_____

_____

From (dates: month/day/year) ____/____/___ to ____/____/____.

Without restrictions☐

Special considerations or restrictions☐:

_____

_____

Hold Harmless Agreement

I understand that participation by my child involves a certain degree of risk. Examples **of potential specific, significant, non-obvious dangers and risks associated with this activity, include, but are not limited to:**

_____

_____

I have carefully considered the risk involved and give consent for my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release Oregon Health & Science University, the activity coordinators, and all directors, officers, employees, volunteers, agents, and related parties from any and all claims or liability arising out of this participation.

Parent/guardian signature _____ Date _____

Parent/guardian printed name _____

Authorization for Treatment of a Minor

Please list any of your child's medical conditions that camp organizers should be made aware of including allergies:

_____

Please list all prescription and non-prescription medications that you child is currently taking including medications that will need to be administered during the camp. Please note that special arrangements will need to be made if this is the case.

Medication	Dose	Frequency	Administer During Program/Activity?

Doctor's name: _____ Doctor's phone number: _____

Medical Insurance provider: _____

Policy #:_____

Phone number for Medical Insurance provider: _____

Name of policy holder: _____

In case of emergency involving my child, I understand every effort will be made to contact me. I further understand that I am financially responsible for any medical treatments or procedures that are necessary as a result of any injury sustained at Oregon Health & Science University.

In the event I cannot be reached, I hereby authorize the following individual to consent to proper treatment of my child, when I am unavailable:

☐ The adult leader in charge of the activity (described on Page 1 of this document) at Oregon Health & Science University.

-or-

☐ Full Name: _____

Phone Number: _____

Relationship to me:_____ Relationship to my child: _____

Proper treatment includes hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the person selected above: examination findings, test results, and treatment provided for purposes follow-up and communication with the participant's parents or guardian and/or determination of the participant's ability to continue in the program activities.

I understand that my authorization is given in advance of any specific diagnosis and such diagnosis may later require my specific consent before treatment can be provided. This authorization is valid for the time period noted on Page 1 of this document.

Parent/guardian signature _____ Date _____

Parent/guardian printed name _____