



**Trinity River Audubon Center – Camp Liability and Medical Release**  
**Forms**  
**GENERAL INFORMATION**

Child's Name:	_____	_____	_____
	Last	First	M.I.
Birth Date	_____	Wt: _____	Ht. _____
	mm/dd/yy	Male _____	Female _____
Parent or Guardian:	_____		
Home Address:	_____		
Home Phone:	_____	Business Phone:	_____
Family Physician:	_____	Phone:	_____
Address:	_____		
Family Dentist or Orthodontist:	_____	Phone:	_____
Address:	_____		

In an emergency, please contact:	
1. Name: _____	2. Name: _____
Address: _____	Address: _____
_____	_____
Phone: _____	Phone: _____

Do you carry medical/hospital insurance? \_\_\_\_\_ If yes, indicate carrier: \_\_\_\_\_  
Policy or Group #: \_\_\_\_\_ Phone: \_\_\_\_\_

The following people are permitted to drop my child off or pick my child up:	
1. Name: _____	Relation: _____
2. Name: _____	Relation: _____
3. Name: _____	Relation: _____
4. Name: _____	Relation: _____



### MEDICAL AUTHORIZATION

I hereby give my permission for non-prescription medication to be given to my child if deemed advisable by Audubon. The following non-prescription medication should not be given to my child:

I hereby give permission to the medical personnel selected by Audubon to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me or my child. In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by Audubon to secure and administer treatment, including hospitalization, for the person named above. I agree that I will be solely responsible for paying any costs associated with medical treatment. This completed form may be photocopied for trips.

Any directions to the contrary should be specified below and signed.

Parent's/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

### RELEASE OF LIABILITY AND USE OF IMAGE

As the child's parent and/or legal guardian, I understand that my child will be participating in Audubon's \_\_\_\_\_ (the "Program"), which will include classroom and outdoor field trip experiences. I understand there are possible dangers associated with the Program, including but not limited to, \_\_\_\_\_.

I understand that my child's participation in the Program may involve sustained physical activity. My child is in good health and I am aware of no physical problem or condition that will limit or interfere with my child's ability to participate in the Program.

I agree that my child is participating in the activity at my own risk, and acknowledge that Audubon has made no warranty or representation, expressed or implied, regarding the safety of conducting the Program.

I hereby grant permission to Audubon to reproduce my child's appearance, name, likeness, voice and biographical information in connection with the Program in any and all manners, including promotional materials, and any and all media, including the Internet, throughout the world and in perpetuity.

**I expressly release Audubon, its officers, directors, employees, agents, licensees, successors and assigns from and for any and all claims, demands or causes of action which I have or may have for (i) libel, defamation, invasion of privacy or right of publicity arising from Audubon's use of my child's appearance, name, likeness, voice and biographical information, including but not limited to, the distribution, broadcast or exhibition thereof or (ii) on account of any loss, damage, or injury to person or property suffered or incurred by my child, except by Audubon's negligence, in connection with any aspect of my child's participation in the Program or in any Program-related activity, including any transportation arranged by, paid for or provided by Audubon.**

This release shall be binding upon me and my heirs, next of kin, executors, administrators and assigns. By signing below, I acknowledge that I have thoroughly read and understand this form and that the statements I have made are all true.

(CALIFORNIA RESIDENTS:) I expressly waive all rights under Section 1542 of the Civil Code of California, which reads as follows: A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor.

Parent's/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_



**MEDICAL HISTORY**

**IMPORTANT:** Parents/Guardians, please notify Audubon if this child is exposed to any communicable diseases during the three weeks prior to your child's Audubon participation. If you feel you do not have enough current information to fill out this form accurately, please contact your physician.

**IMMUNIZATION** (Record year of last immunization only or disease).

Diphtheria/Tetanus \_\_\_\_\_ Measles \_\_\_\_\_ Chicken Pox \_\_\_\_\_ Polio \_\_\_\_\_  
 Rubella \_\_\_\_\_ Mumps \_\_\_\_\_ TB (and result) \_\_\_\_\_ Other \_\_\_\_\_

**SPECIAL INFORMATION**

	Yes	No	
Contact Lenses	_____	_____	
Sleepwalking	_____	_____	
Bedwetting	_____	_____	
Frequent ear infections	_____	_____	
Seizure disorder	_____	_____	
Heart defect/disease	_____	_____	
Diabetes	_____	_____	
Bleeding clotting disorder	_____	_____	
Recent exposure to contagious diseases	_____	_____	
Allergic reactions (plant, insect, food, medicine)	_____	_____	Type: _____
Other	_____	_____	_____

<p>Are there any activities to be restricted?          If yes, explain:</p> <p>Operations or serious injuries (specify dates):  </p> <p>Chronic or recurring illness:</p> <p>Special diet or restrictions (vegetarian, etc.):</p>
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<b>MEDICATIONS BEING TAKEN:</b>			
Please list all medications (including non-prescription drugs) taken routinely at home. Bring enough medication to last the entire stay at Audubon. Keep it in the original packaging/bottle that identifies the prescribing physician, the name of the drug, dosage and frequency of administration. All medications (with the exception of inhalers) will be in the possession of Audubon.			
<input type="checkbox"/>	This camper takes NO medication on a routine basis.		
<input type="checkbox"/>	This camper takes medications as follows:		
Medication:		Dosage:	Times taken each day:
Reason for taking:			
Medication:		Dosage:	Times taken each day:
Reason for taking:			



**PHYSICIAN'S EXAMINATION**

Camper's Name: \_\_\_\_\_

This form is to be completed by a licensed physician. This examination should be performed within 6 months of arrival at camp. Examination for some other purpose within this period is acceptable. The purpose of the examination is to determine fitness for moderately strenuous activities. Parents/Guardians may substitute a signed physician's examination report as long as the information provided is equivalent.

Code: V = Satisfactory      X = Not Satisfactory (explain)      O = Not Examined

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BP: \_\_\_\_\_ Hct. Hgb. Test \_\_\_\_\_ Urinalysis \_\_\_\_\_

- |                               |                       |                    |
|-------------------------------|-----------------------|--------------------|
| _____ Eyes (Glasses/Contacts) | _____ Lungs           | _____ Allergies:   |
| _____ Ear                     | _____ Abdomen         | _____ Poison Ivy   |
| _____ Nose                    | _____ Hernia          | _____ Insect Sting |
| _____ Throat                  | _____ Extremities     | _____ Penicillin   |
| _____ Heart                   | _____ Posture (spine) | _____ Other Drug   |
| _____ Genitalia               | _____ Skin            | _____ Foods        |
|                               |                       | _____ Asthma       |
|                               |                       | _____ Other        |

(For Girls/Women):

Has she menstruated? \_\_\_\_\_ If not, has she been told about it? \_\_\_\_\_

If she has menstruated, is her menstrual history normal? \_\_\_\_\_

**GENERAL APPRAISAL:**

Recommendations and restrictions while at Audubon: \_\_\_\_\_

Diet: \_\_\_\_\_

Current medication: \_\_\_\_\_

Strenuous activity: \_\_\_\_\_

Other: \_\_\_\_\_

I have examined the person herein described and have reviewed the health history. It is my opinion that this child is physically able to engage in moderately strenuous activities, except as noted above.

Print name: \_\_\_\_\_

Examining Physician

Signature

Date: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_