

2020 Discovery Camp Medical and Liability Release Form

TO BE COMPLETED AND SUBMITTED BY MAY 15, 2020 OR UPON REGISTRATION

Camper Name: _____ Camp Session Name(s): _____

Parent Name: _____ Phone: _____

Physical Address (not a PO Box): _____

Insurance Company and Policy Number: _____/_____

Physician's Name and Telephone: _____/_____

MUST BE COMPLETED BY PARENT OR LEGAL GUARDIAN

Please check if the participant is subject to the following:

ADD/ADHD Autism Deafness Heart Trouble Other: _____
 Asthma Blindness Diabetes Seizures

Date of Latest Tetanus Inoculation: ____/____/____

List any physical restrictions/limitations or pre-existing medical conditions we should be aware of:

List any medication, when they are taken, and for what condition (including those taken only during the school year):

If the participant takes part in overnight campouts, list what medications should be given and when:

List allergies the participant has to any food, plants, insects or medications and the reaction to each:

Describe any behaviors the child may demonstrate that may be disruptive to group learning and the best ways to handle these behaviors:

Describe any mental or emotional challenges the child may deal with:

How would you describe the swimming ability of your child: non-swimmer beginner advanced

Are there any dietary needs we should keep in mind in regard to any snacks or meals? allergies vegetarian vegan kosher foods

INITIALS: _____ My child has my permission to participate in all session and field trip activities. In case of emergency, I hereby request and authorize any physician, hospital and health care provider to provide medical treatment promptly, whether or not I may be contacted and informed.

INITIALS: _____ I am the legal guardian of _____, who is under the age of 18 years and who wants to participate in the Discovery Camp Program. In consideration of my child's participation in the program, I hereby release and discharge The Arboretum its employees, agents, volunteers and assigns (the "Releasees) from any and all liability, claims, claims for relief, damages, actions, causes of action and actionable wrongs of any kind, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, arising at law or in equity as a result of any and all actions and/or omissions of The Arboretum, its employees, agents, volunteers for damages or injuries occurring to my child arising out of my child's participation in the Discovery Camp Program, whether such liability or claim arises from an injury occurring on the Arboretum's premises or elsewhere.

INITIALS: _____ I understand that the Arboretum staff is not trained or required to administer injections or medications or to perform medical procedures except in the case of life threatening emergency. I understand that the Arboretum will allow participants with parental permission to self-administer medication and/or injections where such medication and/or injection is physician ordered and directed. I further authorize The Arboretum staff to examine and render emergency or urgent medical care as they deem necessary.

INITIALS: _____ I understand that the Arboretum reserves the right to refuse or dismiss a camper for just and reasonable cause. I understand that no refund will be issued in this case, and that I will be asked to pick up my child.

INITIALS: _____ I understand that participation in the Discovery Program is contingent on signing this 2019 Discovery Camp Medical and Liability Release Form.

INITIALS: _____ I consent and authorize the Arboretum to use my child's photograph for educational and public relations purposes (will not contain your child's name). Photos will be available to parents of campers attending specific sessions.

Date: _____ Parent/Guardian Signature: _____

Mail completed Medical and Liability Release Form to: **The North Carolina Arboretum,**
Attn: Discovery Camp Registrar, 100 Frederick Law Olmsted Way, Asheville, NC 28806. Thank you!