

Health Information, Medical Authorization, Release of Liability and Photo Release

Child's Name _____

Does your child have any specific physical or health problems, which we should be aware of? **Please check any that may apply.**

<input type="checkbox"/> asthma	<input type="checkbox"/> seizures	<input type="checkbox"/> severe allergies
<input type="checkbox"/> cardiac	<input type="checkbox"/> anemia	<input type="checkbox"/> bee sting allergy
<input type="checkbox"/> hemophiliac	<input type="checkbox"/> hepatitis	<input type="checkbox"/> other
<input type="checkbox"/> orthopedic	<input type="checkbox"/> convulsive disorders	Please specify: _____

Is your child under medical care for any of the above conditions?

No Yes If yes, please specify _____

Doctor's name _____ Phone _____

Date of tetanus inoculation (if current): _____

Does your child take prescribed medication?

No Yes If yes, specify: _____

Medical Authorization

Important: This form must be completed by the child's parent(s) or legal guardian(s) and returned with registration materials.

In the unlikely event a child is injured, emergency medical services will be provided by the nearest licensed medical facility. To permit treatment of injuries, the following authorization must be signed and dated by a parent or legal guardian.

In an emergency, I hereby give permission for my child _____ to be examined by licensed medical personnel. Also, I give permission to the licensed physician to administer proper medical treatment to my child in an emergency. In addition, I give the UofM-Dearborn staff permission to advise the hospital of my/our medical insurance information at the time of the emergency treatment.

Disclaimer of Liability

The University of Michigan-Dearborn, the Environmental Interpretive Center, and their employees do not assume liability for any injuries incurred during the program, and the parents/guardians agree to release them from such liability. Furthermore, the University of Michigan-Dearborn does not provide accident or health insurance for program participants. Parents/guardians should contact their own insurance carriers to verify and/or obtain medical coverage for their children participating in the program.

Signature of parent or legal guardian _____

Date _____

Photo Release

The occasion may occur when your child will be included in a photograph and/or video which we may wish to use for publicity purposes related to EIC programming, fundraising and support.

It is necessary for us to have approval on file allowing us to use your child's picture for video footage to assist in providing information during various presentations .

Please indicate your decision by checking the section below. Please return this form to the EIC program leader when you arrive for the program.

Child's name _____

I give UofM-Dearborn permission to use my child's photograph or video footage for publicity, fundraising and programming support.

I DO NOT give UofM-Dearborn to use my child's photograph or video footage for their purposes.

Parent's or Guardian's signature _____ Dtae _____