Pow-Wow 2018 Emergency Medical Release and Liability Form
S.C.H.D. Royal Rangers

Camper's Name _____ Date of Birth_____

Home Address_____City_____ State_____zip_____

EMERGENCY INFORMATION

Parent or guardian

Name_____ Home phone (_____)_____

Cell Phone (_____) _____ Work Phone (_____) _____

In an Emergency when parent/ guardian cannot be reach , please contact the following:

Name _____ Relationship to camper : _____

Home phone (_____) _____Cell (_____) _____Work (_____) _____

MEDICAL HISTORY OF CAMPER

1- Any current medical problems?	NO	YES
2- Had any recent injury requiring medical attention?	NO	YES
3- Currently taken any medications?	NO	YES
4- Had any severe head or neck injuries?	NO	YES
5- Any allergies to prescription and / or non-prescription medications?	NO	YES

Please explain any "yes" answers

_____

_____

_____

PARENTAL CONSENT TO MEDICAL TREATMENT

Please sign one of the following statements concerning the medical treatment of your child

_____In the event of **any illness or injury** to my child, I give the attending physician permission to administer treatment, while continue to contact the parent, gurdian or designated individual.

_____In the event of a **minor illness or injury** only to my child , I give the attending Physician permision to administer treatment.

_____In the event of **any illness or injury** to my child, I Do not give the attending physician permission to administer treatment, until the parent, gurdian or designated individual is contacted.

THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE PARTICIPANT CAN PARTICIPATE IN ACTIVITIES. TREATMENT FOR INJURY WILL BE BASED ON INFORMATION PROVIDED.

I the undersigned participant and parent/guardian of the above listed minor(if participant is under the age of 18) acknowledge and fully understand that each participant will be engaging in activities that may involve risk of serious injury. the condition of the premises or of any equipment used and further, that there may be other unknown risk not reasanoble foreseeable at this time, assume all the foregoing risk and accept personal responsability for the damage following such injury: injury, permanent disability or death, hereby release, discharge, covenents to indemnify and not to sue South central hispanic district nor its sponsoring organizations, its directors , officers,employees, coaches, managers, agents, sponsors and associated personnel including those of its affiliated organizations, and the owners and leasers of the premises used to conduct the event, All of which are hereinafter referred to as "releases" from any and all liability to each of the undersigned. His/Her heirs or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicants participation in the programs and or being transported to or from the same, which participation after careful consideration I hereby authorize and which transportation I hereby authorize.

_____ _____

Parents/guardian signature (under 18) Date

_____ _____

Participant Signature Date

ROYAL RANGERS