

Medical Information

Emergency Contact (Besides Parent) _____ Phone Number _____

Hospital/Clinic Preference _____

Physician's Name _____ Phone Number _____

Allergies/Special Health Considerations:

Does Your Child have a reading disability? Yes _____ No _____
Does your child have other disabilities? Yes _____ No _____
Indicate Disability: _____

Center staff cannot administer medications except under the following conditions:

- a. A signed, dated, written authorization from the parent is on file.
- b. Prescription medication is in the original container and labeled with the child's name, name of the medicine, dosage, directions for administering, date, and physician's name.
- c. Non-prescriptive medication is labeled with the child's name and includes the dosage and directions for administering.

I give the EMCC staff permission to apply the following over the counter items to my child:

- Bandages/Wraps
- Sunscreen
- Bactine
- Calamine Lotion
- Body Lotion
- Bug Spray- (OFF Skintastic-unscented, w/ Aloe Vera)
- Cold Compression/Warm Compression
- Child strength non-aspirin pain reliever

PHOTO RELEASE: I hereby give my consent for the East Madison Community Center to use my child's photograph and likeness in its publications, including its website. I release them from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the child listed on this application. Yes ___ No ___

I HEREBY CERTIFY that all of the above information is correct. I understand that this information may be verified by the East Madison Community Center and that any deliberate misrepresentation may subject me to prosecution under applicable state and federal statutes.

Signature of Parent or Guardian

Date Signed

Please Print Name

East Madison Community Center

Permission Slip

2019 Teen Summer Day Camp

Valid From July 15th - until August 9th

I, _____ give permission for
(Parent/Guardian)

(Camper)

To go on all field trips including swimming at Goodman Pool and
Madison College with the East Madison Community Center Staff

There will be no cost for these trips. A reminder will be sent home of all extensive field trips.

I hereby, release any and all claims of any nature I might have against these Agencies, Officers, Employees, Volunteers, Agents and/or their representatives for and against any and all injuries or damages of any nature that the person I have given permission to might suffer while taking part in any activities connected with these events.

In any case of an emergency, I give my permission to arrange medical treatment

(Signature)

(Best Daytime Phone Number)

Any questions please contact John @ (608) 695-4418 or Sarah (608) 249-0861

STUDENT MEDICAL/HEALTH INFORMATION SHEET



Name: _____ Date of Birth: _____

Home Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

MEDICAL HISTORY

Do you have any of the following medical conditions?

This information is confidential and is collected to assist your instructor in tailoring the class to meet your needs

Cardiac problems	Yes	No
Chest pain	Yes	No
Chronic illness	Yes	No
Diabetes	Yes	No
High blood pressure	Yes	No
Stroke	Yes	No
Seizures	Yes	No
Back trouble	Yes	No
Joint troubles/dislocations	Yes	No
Bleeding disorders	Yes	No
Blackout spells	Yes	No
Shortness of breath/asthma	Yes	No
Currently pregnant	Yes	No
Learning disabilities	Yes	No
Do you get cold easily	Yes	No
Do you overheat easily	Yes	No
Muscle spasms	Yes	No
Allergy to stings/bites	Yes	No
Mobility impairment	Yes	No
Sensory impairment	Yes	No
Other _____		

Please provide additional information for any "yes" noted on medical history. (Use back of page if needed.)

List prescription medications:

List non-prescription medications taken regularly:

List specific allergies and reactions:

How would you describe your general health?

Doctor (name and phone #):

Insurance company:

Policy/group number:

Insured person's name:

In case of an emergency, please notify:

Name: _____

Phone: _____

PADDLING HISTORY

What is your previous paddling experience? _____

In what types of paddling conditions are you comfortable? _____

Describe your swimming ability: _____

PHOTO & MEDIA RELEASE

I grant Rutabaga Outdoor Programs the right to use, reproduce, assign and/or distribute photographs and videotapes of me in materials they, or their agents, create without payment or other compensation.

Participant Signature or Guardian if under 18: _____ Date: _____

Instructor Signature: _____ Date: _____

WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY

Name of Participant: _____

Activity and Date: _____

Day(s) and time of Activity: _____

Location of Activity: _____

Instructors: _____



Definition of "Rutabaga": In this document, "Rutabaga," means Rutabaga, the Paddlesport Shop, LLC., a Wisconsin corporation, its officers, directors, shareholders, employees and agents, including full or part time instructors teaching the activity described above.

I understand that there are certain risks associated with my participation in the above activity, which involves canoeing, recreational kayaking or sea kayaking and takes place on water. These risks cannot be eliminated without destroying the unique character of the above activity. These risks include the possibility of serious and in some cases permanent bodily injury and death. Rutabaga wants me to understand that there are risks that I may injure myself from my participation in the above activity, including my capsizing and drowning or injuring myself on a submerged object or another boat, cold and heat related injuries and illnesses including rapid and serious loss of body temperature (called hypothermia), heat exhaustion, heat cramps, sun stroke, dehydration and sun burn. Canoes and kayaks can be unstable, particularly to a beginning student, and the risk of a capsize is greatly increased for the beginner. I can be improperly dressed for immersion in cold water, in which event I could become hypothermic. I could slip or fall getting in or out of a boat, collide with another boat, or lose my sense of balance, coordination or ability to swim. The activity takes place outside, where there may be adverse weather, including lightening, contact with hazardous terrestrial or marine plants or animals and unavailability of timely first aid or emergency treatment. I realize this list does not include all of the risks associated with the above activity.

WAIVER OF LIABILITY. I HEREBY WAIVE ALL CLAIMS OF ANY NATURE I MAY HAVE AGAINST RUTABAGA FOR ANY LOSS, DAMAGE OR EXPENSE I SUSTAIN OR INCUR, INCLUDING THOSE RELATED TO MY PERSONAL INJURY OR DEATH, RESULTING FROM MY PARTICIPATION IN THE ABOVE ACTIVITY AND CAUSED BY THE NEGLIGENT CONDUCT OF RUTABAGA. I AM NOT WAIVING CLAIMS FOR INTENTIONAL OR RECKLESS OR OTHER CONDUCT OF RUTABAGA.

ASSUMPTION OF RISK. I ASSUME AND ACCEPT FULL RESPONSIBILITY FOR ANY LOSS, DAMAGE OR EXPENSE I MAY SUSTAIN OR INCUR, INCLUDING THOSE RELATED TO MY PERSONAL INJURY OR DEATH, RESULTING FROM MY PARTICIPATION IN THE ABOVE ACTIVITY AND CAUSED BY RUTABAGA'S NEGLIGENCE.

INDEMNIFICATION. I HEREBY INDEMNIFY AND AGREE TO HOLD HARMLESS RUTABAGA FROM ANY LOSS, DAMAGE OR EXPENSE, INCLUDING REASONABLE ATTORNEYS' FEES, FOR ANY CLAIMS MADE AGAINST RUTABAGA BY ANY THIRD PARTY FOR MY PERSONAL INJURY OR DEATH CAUSED BY RUTABAGA'S NEGLIGENCE.

The provisions of this document are binding upon me and my heirs and personal representatives. If the above participant is a minor, this document must be signed by the minor's parent or legal guardian and the parent or legal guardian certifies to Rutabaga that he or she has read and understands this document.

Signature of Participant: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____