Medical/Emergency Form

Please fill out one form per child.

Child's Name: _____ Gender: M F

Birth date: _____

Mother's Name: _____ Home Phone: _____

Cell phone: _____ Business Phone: _____

Father's Name: _____ Home Phone: _____

Cell phone: _____ Business Phone: _____

Other Caregiver: _____ Contact Ph #: _____

Medical Info

Please describe any medical concerns your child may have: _____

_____

Does your child have any allergies? If so please describe and include severity and past treatment. _____

_____

_____

Is your child taking any medications and if so, for what? _____

_____

Health Card #: _____

Medical Consent

In the event of a medical emergency I hereby consent to the transportation of my child to the local hospital. In addition, I consent to medical treatment deemed necessary by the attending physician. I release Naturally Superior Adventures from any liability involved in transportation and treatment of my child. (We will do everything possible to try to contact a parent or caregiver en route to medical treatment)

Signature: _____ Date: _____

Pick Up Authorization

If your child is not participating in the shuttle back to Wawa please state the people authorized to pick up your child (include parents).

Name:_____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

(please notify the office if there are any changes to this list).

Photographic Consent

Do you consent to having your child's photograph taken and possible used in future marketing materials (ie. on our website or in our brochure)?

Yes No

Signature: _____ Date: _____