



Four Mile Historic Park

Emergency Medical Information, Authorization for Emergency Medical Care and Assumption of Risk and Waiver of Liability

**Please complete both sides of this form,
return with registration form, payment, and a copy of *Certificate of Immunization* to:**

Four Mile Historic Park, 715 S. Forest St., Denver, CO, 80246

Please Print All Information Clearly

Child's Full Name: _____ Age: _____

Camp Session Date(s) and Title(s): _____

Street Address: _____ City, State and Zip: _____

Parent/Guardian Contact Name: _____

Phone Numbers- Home: _____ Work: _____ ext _____ Cell: _____

In case of emergency, if you cannot be reached whom should we call? _____

Phone Number: _____ Relationship: _____

List persons other than you who are authorized to pick up your child:

1. _____ 2. _____ 3. _____

Phone Number: _____ Phone Number: _____ Phone Number: _____

Relationship to child: _____ Relationship to child: _____ Relationship to child: _____

Parents/Guardians or authorized persons must come into the park each day to sign the camper(s) in and out.

Child's Doctor's Name: _____ Phone Number: _____

Street Address: _____ City, State and Zip: _____

Dentist's name: _____ Phone Number: _____

Street Address: _____ City, State and Zip: _____

Hospital choice: _____

Insurance Company and Policy Number: _____

List any allergies (food, medicine, plants or animals):

List any medical conditions, current medications and any other conditions that camp staff or medical care providers should be aware of:

PLEASE NOTE: WE CANNOT ADMINISTER ANY MEDICATION WITHOUT DOCTOR'S SIGNATURE! Please provide Four Mile Historic Park with signed permission from your child's doctor!!

I, _____, consent to the administration of the following medications by staff of
(Doctor's name)
Four Mile Historic Park, Inc. (name of medications, dosage and frequency):

To be administered when necessary (please circle all that apply): Tylenol Benadryl inhaler Epi-pen

Other _____

Doctor's signature: _____

AUTHORIZATION FOR USE OF SUNSCREEN AND BUG REPELLENT

I hereby give permission for the staff of FMHP to allow my child to self administer sun screen and/or bug repellent which I have provided and labeled.

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I hereby give my permission for the staff of FMHP to call a doctor or emergency medical service, and for the doctor or emergency medical service to provide emergency or surgical care as needed for my child in the case of injury or other emergency. I will be responsible for all of the expenses associated with medical care my child may receive.

ASSUMPTION OF RISK AND WAIVER OF LIABILITY

I understand that participation in a camp sponsored by FMHP will involve outdoor and other activities that present risks. In consideration of FMHP providing my child the opportunity to participate in a camp, I agree, for myself, my child, my spouse and our respective successors and assigns, as follows:

(a) We accept the risks of having my child participate in the camp.

(b) We waive and release any claim we might otherwise have against FMHP, any other person or entity that owns any real or personal property used in the camp or any of their respective employees, volunteers, directors, sponsoring agencies or representatives, for any personal injury or property damage sustained in the course of or in connection with my child's participation in the camp, whether or not resulting from the negligence of any person or facts or conditions that would give rise to premises liability. We agree not to bring suit on any claim covered by this waiver.

The camp may involve strenuous activities. Although a medical examination is not required for admission, you should consult with your child's physician before enrolling your child.

Your child will be required to follow the instructions of the Four Mile Historic Park, Inc, ("FMHP") staff members who operate the camp. If your child does not follow instructions or if our staff members determine, in their sole judgment, that your child's behavior is disruptive or is endangering your child, other persons or property, we will call you or another contact person designated above and you will be responsible for picking your child up within one hour after the call. Depending on the severity of the problem, your child may not be allowed to return for the rest of the camp session, in which case you would not be entitled to a refund. You will be responsible for all expenses, damages or injuries caused by your child.

By applying for admission, you authorize Four Mile Historic Park, Inc. to use photographs taken of your child while participating in camp activities for purposes of promoting its programs.

Your agreements in this form have legal consequences. Please make sure that you have carefully read and understand this entire form before signing.

I, _____, am the parent or legal guardian of the child named above, have read and fully understand the terms set forth above, am authorized to sign this form and agree to all terms thereof.

Signature: _____ Date: _____

All of us at Four Mile Historic Park look forward to your child having a fun and safe camp experience.