

**GPA Wild Bug Fish Camp**  
**Health Form**  
**June 15-18, 2009**

**Legal Name:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
street

**Phone:** \_\_\_\_\_

\_\_\_\_\_

city

state

zip

**Parent's or Guardian's Name:** \_\_\_\_\_

**Home address (if different from child's)** \_\_\_\_\_  
street city state zip

**Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**If neither parent or guardian can be located, in case of emergency call:**

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Persons designated to take child from event:** \_\_\_\_\_  
(include name, address and phone if not listed above)

**Persons not permitted to take child from event:** \_\_\_\_\_

**List communicable diseases and past history of serious lacerations, injuries and illnesses:** \_\_\_\_\_

**List any known allergies and drug reactions:** \_\_\_\_\_

**List any prescriptive or non-prescriptive medications which youth must take:**

<i>Name of Medication</i>	<i>Dosage</i>	<i>Frequency</i>	<i>Prescribing Physician</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Describe any special diet youth must follow:**

<i>Description of diet</i>	<i>Prescribing Physician</i>
_____	_____
_____	_____
_____	_____

**Authorization to participate or exclude participation in event activities:** I give permission for my child to participate in all event activities with the following exceptions:

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**Authorization for medical care:** I hereby give my permission to event officials to call a doctor or emergency medical service and for the doctor, hospital or medical service to provide emergency medical or surgical care for my child, \_\_\_\_\_, should an emergency arise. It is understood that event officials will make a conscientious effort to locate the emergency contacts listed on this document before any action will be taken. If it is not possible to locate emergency contacts listed, I/we will accept the expense of emergency medical or surgical treatment.

Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Subscriber Name and Address: \_\_\_\_\_

Parent's or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### **Colorado State University Cooperative Extension Hold Harmless Release**

In consideration of allowing my child \_\_\_\_\_ to participate in  
(child's name)

GPA Wild Bug Fish Camp, I assume all risks in connection with the activities involved and agree to release Kit Carson

County, Colorado State University, Cooperative Extension, and their employees, from any injury

or damage which may befall \_\_\_\_\_ during his/her participation in  
(child's name)

any Camp Activities from June 15-18, 2009. I agree to hold all listed parties harmless from any claim by me or my family estate,

heirs, or assigns arising out of \_\_\_\_\_ participation in these  
(child's name)  
activities.

I have read the contents of this affirmation and understand its contents. I understand that with any activity, there is a potential for injury or damages to participants.

\_\_\_\_\_  
(must be signed by parent or guardian)

\_\_\_\_\_  
(date)

