



Medical/Emergency Information Form

Child's Name _____

Child's Date of Birth _____ Gender _____

Parent/ Guardian Name _____

Parent/ Guardian phone _____ Work _____

Emergency Contact other than parent:

Name _____ Relationship _____

Phone _____ Work Phone _____

Camper's physician name: _____

Physician phone: _____ Office Name _____

I give my permission for Tualatin Riverkeepers staff to provide first aid for the child named above and to take the appropriate measures including contacting the Emergency Medical System and arranging for transportation to the nearest medical facility. I agree to indemnify and hold Tualatin Riverkeepers, its officers and employees, harmless from claims of losses for any bodily injury or property damage which occurs or is alleged to have occurred as a result of negligence of participant.

Parent/Guardian Signature _____ Date _____

Health Insurance Company _____ Policy # _____

CHILD HAS DIFFICULTY WITH: (CIRCLE ALL THAT APPLY)

| | | | | |
|----------|----------------|-----------|----------|------------|
| ADD/ADHD | Asthma | Throat | Diabetes | Fainting |
| Diabetes | Ears/Eyes/Nose | Digestion | Sunburn | Hemophilia |

ALLERGIES:

| | | | | |
|---------------|------|----------------------|----------------|-------|
| Insect Stings | Nuts | Other food allergies | Plants/grasses | Other |
|---------------|------|----------------------|----------------|-------|

Please explain any circled items and or other health or behavior concerns: