

*Columbus Santa Maria, Inc.*

**EMERGENCY INFORMATION – CHILD**

(Print all Information/One Form per Child)

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Telephone Numbers: \_\_\_\_\_ (Day) \_\_\_\_\_ (Night)

Name of another emergency contact not living in household: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ (Day) \_\_\_\_\_ (Night)

Is the child covered by Medical Insurance: yes no (circle one)

Insurance Company and Policy and Number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's telephone number: \_\_\_\_\_

List all health conditions/recent operations/serious illnesses/injuries of the child: \_\_\_\_\_

\_\_\_\_\_

List all medications the child is currently taking with the dosage and administration rate: \_\_\_\_\_

\_\_\_\_\_

List all allergies the child has: \_\_\_\_\_

Has the child ever been stung by a wasp or a bee? \_\_\_\_\_ YES \_\_\_\_\_ NO

Has the child had a tetanus shot within the last five years? \_\_\_\_\_ YES \_\_\_\_\_ NO

**EMERGENCY MEDICAL AUTHORIZATION & PERMISSION TO PARTICIPATE**

\_\_\_\_\_ (Child's Name) has my permission to participate in all activities offered during the Santa Maria outing. If attempts to contact me at the above listed phone numbers are unsuccessful, I authorize and give my consent for any emergency medical, surgical, or dental treatment for my child (listed above) anywhere/anytime should it be deemed advisable by a qualified medical doctor or dentist, and the transportation of the child to the nearest hospital reasonably accessible. I understand this to avoid undue delay and to assure prompt attention and treatment in an emergency. I authorize Columbus Santa Maria, Inc., to take all necessary steps to insure my child's health and safety in case of an emergency and to administer any needed medications.

**RELEASE OF LIABILITY/HOLD HARMLESS AGREEMENT**

I agree to hold the Columbus Santa Maria, Inc., its agents, associates, contractors, employees, and sponsors free from liability and harmless from damage to property or injury sustained by participation in or resulting from the operation of the Santa Maria outing. I certify that I am aware that participation in these programs contains certain risks and dangers including, but not limited to, camping out-of-doors on the Santa Maria, accidents or illnesses, the forces of nature, travel by automobile or van, or other unforeseeable causes. I understand and assume all risks that may occur during my child's participation in these programs. I authorize Columbus Santa Maria, Inc., to use my child's photograph for public relations purposes.

**EACH PARENT AND/OR LEGAL GUARDIAN MUST SIGN**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*Columbus Santa Maria, Inc.*

**EMERGENCY INFORMATION – ADULT**

(Print all Information/One Form per Person)

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Telephone Numbers:** \_\_\_\_\_ (Day) \_\_\_\_\_ (Night)

**Name of Emergency Contact:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ (Day) \_\_\_\_\_ (Night)

**Are you covered by medical insurance:** \_\_\_\_\_ YES \_\_\_\_\_ NO

**Insurance Company and Policy and Number:** \_\_\_\_\_

**Physician's Name:** \_\_\_\_\_ **Physician's telephone number:** \_\_\_\_\_

**List all health conditions/recent operations/serious illnesses/injuries:** \_\_\_\_\_

\_\_\_\_\_

**List all medications you are currently taking with the dosage and administration rate:** \_\_\_\_\_

\_\_\_\_\_

**List all allergies you have:** \_\_\_\_\_

**Have you had a tetanus shot within the last five**

**years?** \_\_\_\_\_ YES \_\_\_\_\_ NO

**RELEASE OF LIABILITY/HOLD HARMLESS AGREEMENT**

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_