

WILD

Wilderness Inner-city Leadership Development



InterIm Community Development Association
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Emergency and Medical Authorization Form

Name of Participant: _____ Date of Birth: _____

Address: _____ Phone: _____

Please complete the checklist below. For all "yes" answers please elaborate in the space below or on a separate sheet of paper and attach to this form:

Does your child currently (or have a history of) any of the following:

Asthma or any other respiratory problems? If yes, please list:	Yes _____ No _____
Diabetes? If yes, is insulin required?	Yes _____ No _____
Allergic reactions to anything (e.g.: food, medicines, bites or strings)? If yes, please list:	Yes _____ No _____
Epilepsy, fainting or dizziness, or seizure? If yes, please list:	Yes _____ No _____
Cardiac conditions (e.g.: heart murmurs, irregular heartbeat)? If yes, please list:	Yes _____ No _____
Dietary restrictions (e.g.: allergies, vegetarian, lactose intolerant)? If yes, please list:	Yes _____ No _____
Eating disorders (e.g.: anorexia, bulimia)? If yes, please list:	Yes _____ No _____
Pregnancy?	Yes _____ No _____
Neck/back/shoulder/knee/ankle/wrist/hand/arm problems? If yes, please list:	Yes _____ No _____
Any other medical conditions that we should be aware of? If yes, please list:	Yes _____ No _____

Is your child taking medication(s)? Yes_____ No_____
If yes, please list medication(s), and the times taken:

Four horizontal lines for listing medication and times taken.

I hereby give my consent for: _____
(print name of the participant)

to participate in the program listed above being conducted by WILD, a program of InterIm Community Development Association, and partners. I declare that I will not hold WILD/InterIm, the Employees, Volunteers or Board of Directors responsible for any injuries, damage or personal loss incurred while participating in said program.

The undersigned and the above named participant are aware that safety regulations are applicable to the above program and hereby agree to comply with such regulations and all directions of instructors and/or other personnel in charge of the program.

I hereby give permission to remove my child from the agency for field trips by means of walking, bus, car, or other means.

I hereby give permission to any of the agencies to photograph and videotape participant for the use of promoting the WILD/InterIm program, as well as collect necessary demographic information.

Signed: _____ Date: _____
(parent or guardian, if participant is under 18)

Printed Name: _____ Relationship to participant: _____

Medical Provider: _____ Medical ID # _____

Doctor Name: _____ Phone: _____

One additional contact for emergency:

Name Relationship Phone