

Riverside Nature Center

Emergency Health Form

Participant's Name: _____ Gender _____

Date of Birth: _____ Age _____

Parent or legal guardian's name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home: _____ Work: _____ Cell: _____

Please list any health problems or conditions (allergies, etc.) that might need special attention from the RNC staff during your (or your child's) participation. RNC staff cannot dispense any medication.

In case of emergency and we are unable to reach you at your home or work number, we should call:

1. _____
Name Phone Relation to Child

2. _____
Name Phone Relation to Child

Participant's physician: _____

Preferred hospital: _____

Permission form: _____ has my permission to participate in all of the activities offered during the RNC program, including canoeing. I also authorize the Riverside Nature Center to use local emergency services in order to secure proper treatment for my child, as named above. I consent and authorize the Riverside Nature Center to use my child's name and photograph for educational and public relation purposes related to the RNC. Any directions to the contrary should be listed here:

My child has permission to ride home with (please print names):

1. _____ 2. _____

3. _____ 4. _____

Signature of Parent or legal guardian

Date