

**Arkansas Canoe Club School of Whitewater Paddling
PERMISSION FOR MEDICAL TREATMENT OF A MINOR**

Please Print:

Last Name _____ First Name _____ M.I. _____

Sex: Male Female Age _____ Date of Birth _____

Address _____ City _____ State _____

In case of emergency, I hereby give my permission to the licensed health-care practitioner selected by a representative of the Arkansas Canoe Club to provide proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my minor child named above.

I also guarantee payment of all charges incurred for treatment, medications, surgery, and hospital care as deemed necessary by a physician.

This consent is valid while my child is participating in the Arkansas Canoe Club School of Whitewater Paddling.

Medical history of minor child named above: ---- *PLEASE be as complete and accurate as possible.*----

1. Allergies to stings, foods, medications, or other? .

2. What medications does this child take, including prescription and over the counter?

MEDICATION: _____

Purpose: _____

Does this child carry Inhaler, Insulin, Epinephrine Kit or other medication? _____

Exactly what is carried? _____

Where or how is it carried? _____

3. Recent illness, injury, epilepsy, or surgery?

4. Date of last tetanus shot: _____

5. Family Physician: _____

Address: _____ City: _____ Zip: _____

Telephone: (____) _____

6. Medical Insurance Company: _____ Policy number: _____

PARENT'S OR LEGAL REPRESENTATIVE'S SIGNATURE:

Signature of Parent or Guardian _____ Date _____

Print parent or guardian name _____ Relationship: _____

Address: _____ City: _____ State _____ Zip: _____

Telephone: Day (____) _____ Night (____) _____

Other contact information: _____

Is Parent or guardian also attending the School of Whitewater Paddling? _____

If not attending school, do you plan on being in camp at Turner Bend? _____

Where may you be found if needed by your child this weekend? _____

Witness: _____ Date _____

Print Witness name _____

City: _____ State _____ Zip: _____