

Medical Release
Monk Botanical Gardens Camps

Information

Child's Name: _____

Age: _____ DOB: _____ Nickname: _____

Parent/Guardian Names: _____

Address: _____

Phone Number(s): _____

Emergency Contact: _____ Phone: _____

Medical Concerns

Please list any medical issues including allergies, emotional and/or behavioral issues your child may have in order to allow our teachers to provide the best possible experience for your child.

Medication

Please list all medication and dosage your child is currently administered. If you child needs to take any medication (including Epi-Pens) while participating in a Monk Botanical Gardens Camp, you must complete the Authorization to Administer Medication section of this form.

Medication: _____ Dosage: _____

Medication: _____ Dosage: _____

OVER

Permission to Participate and Medical Release

Being a parent or legal guardian of the above-named minor, I do hereby appoint Monk Botanical Gardens and the Emergency Contact listed above to act in my behalf in authorizing emergency medical, dental or surgical care and hospitalization for the above-named minor in the vent that I cannot be reached. This document will be presented to a physician, dentist or appropriate hospital representative at such time as emergency medical, dental or surgical care or hospitalization may be required.

The undersigned hereby agrees to indemnify and hold harmless Monk Botanical Gardens, its agents and employees, from any and all liability, loss, damage, expense, causes of action, suits, claims or judgments for injury to the above mentioned child or other persons or the property resulting from or arising out of the participation of the above mentioned child as a Monk Botanical Gardens Camp participant, and shall at his/her own cost and expenses defend any and all actions or suits which may be brought against Monk Botanical Gardens, either alone or in conjunction with others, upon any such liability, claim, or claims and shall satisfy, pay and discharge any and all judgments, and fines that may be recovered against Monk Botanical Gardens in any such action or suit, provided, however that Monk Botanical Gardens shall give to the undersigned written notice of any such claim or demand.

Printed Name of Parent/Guardian: _____

Signature: _____

Date: _____

Photo Release

_____ By initializing this section I agree that photos of my child may be used in Monk Botanical Gardens publications and advertising.

Mail this form and payment (\$100 for members, \$120 for non-members) to Monk Botanical Gardens at: Monk Botanical Gardens 518 S. 7th Ave, Wausau, WI 54401