



Museum of Northern Arizona Discovery 2010 Health and Liability Form

I ATTEST THAT THE FOLLOWING MEDICAL DISCLOSURE IS TRUTHFUL AND COMPLETE

Child's Name: _____ Date of Birth: _____ Height: _____ Weight: _____
In an emergency notify: _____ Relation: _____
Phone: (H): (_____) _____ (W): (_____) _____ (C): (_____) _____
Physician Name: _____ Phone:(_____) _____

Does your child have: YES / NO
Asthma or other respiratory problems: () () **Treated with:** _____ **If Inhaler, child must carry 2**
Allergy to bee stings: () () **If yes, child must carry 2-4 Epi-pen kits**
Food Allergies / Dietary Restrictions: () () **Can NOT Have:** _____ **Reaction:** _____
Allergy to Penicillin: () ()
Allergy to Sulfa drugs: () ()

Describe all allergies and the kind of reaction:

Describe all medical conditions:

List all medications your child takes:

MEDICAL RELEASE: In the event of an emergency, I understand every effort will be made to notify the emergency contact or physician provided on this form. If these contacts cannot be reached, I give permission to the physician selected by MNA staff to hospitalize, secure proper treatment, order injections, anesthesia, and/or surgery for my child.

ACKNOWLEDGMENT OF RISK & PARTICIPANT RESPONSIBILITY: Experiential and outdoor education involves inherent risks. MNA staff with Red Cross First Aid and CPR training is present at programs. However, through your child's participation in activities sponsored by MNA, you acknowledge there are risks and dangers associated with on campus programs, trail and off-trail hiking, backpacking, camping, river rafting, kayaking, horseback riding, swimming, cycling, rock-climbing (roped and un-roped), travel in 15-passenger vans and all other motor vehicles and aircraft, and the risk of injury or illness. You acknowledge there are always elements of the unknown with all programs and not all variables are under the control of contracted outfitters or MNA staff. Acknowledging these risks, you assume these risks for your child participating in MNA programs. MNA is not liable for loss or damage to personal items, including damage or theft of private vehicles left on MNA premises.

You are responsible for preparing your child for MNA programs, including thorough review of provided materials so you and your child are familiar with the content and physical activities involved. You are responsible for bringing the appropriate gear and clothing for your child. For programs involving physical exertion, you are responsible for ensuring your child is in appropriate physical condition. If any aspect of the program including safety considerations and etiquette or hygiene is not clear to you or your child, it is your responsibility to ask questions. If your child's medical record or needs should change after the date listed below, it is your responsibility to submit a medical update in writing to the Education Specialist prior to your child's further participation in MNA programs. The safety and enjoyment of the entire group depends upon you and your child's fulfillment of these responsibilities.

PHOTO RELEASE: I grant MNA permission to use all photographs that are taken during my child's participation in MNA programs and understand these photos are the property of and copyrighted by MNA and may be reproduced to promote future programs on MNA's website, brochures, and all other marketing activities associated with and promoted by MNA. I understand my child's face may be visible in these photographs, but my child's name will not be printed in photo descriptions or captions. I realize I will not have an opportunity to view these photos or choose which ones are used by MNA.

**I UNDERSTAND A NEW HEALTH AND LIABILITY FORM MUST BE COMPLETED EACH CALENDAR YEAR
BY YOUR REGISTRATION AND SIGNATURE YOU AGREE TO ALL TERMS DESCRIBED HEREIN**

◆ **Parent/Guardian Signature:** _____ **DATE:** _____

SELF-ADMINISTRATION OF MEDICATIONS CONSENT FORM

My child requires medications during MNA programs. I will explain to my child the process and importance of self-administering medications while supervised by MNA staff. I understand and agree to the following terms and expectations:

1. Prescription medications must be delivered to MNA staff in original containers prepared by a pharmacist and include patient name, medication name, dosage, and time to be given. Only send the amount needed based on program length.
2. Over-the-counter medications must be in original packaging with directions, dosages, and contents, clearly marked. Only send the amount needed based on the length/duration of the program.
3. All medications must be accompanied by this completed and signed consent form.
4. Children are not allowed to keep any medications with them.
5. Parents must pick up all medications at the end of each program and deliver medications to the appropriate staff during subsequent programs. Medications that are not picked up at the end of each program will be discarded after two weeks.
6. MNA staff cannot force my child to take medications and can only facilitate the self-administration process. MNA staff is not liable if my child refuses to self-administer medications while supervised by MNA staff. If my child refuses to self-administer medications, while supervised by MNA staff, MNA staff will phone me. If I cannot persuade my child to take the medication during this call, I will pick up my child immediately, even if my child is on a field trip.

I ATTEST THE FOLLOWING MEDICAL DISCLOSURE IS TRUTHFUL AND COMPLETE AND I AUTHORIZE MNA STAFF TO ASSIST MY CHILD WITH SELF-ADMINISTRATION OF THE FOLLOWING MEDICATIONS

Medication Name #1 _____ Prescription? Yes/No

Dosage and Schedule: _____

Additional guidelines: _____

How long has your child been taking the above medication? _____

What condition does this medication treat? _____

What are the symptoms of this condition? _____

What side affects are or may be experienced from this medication? _____

If your child refuses to take the above medication, what will your child experience? _____

Should MNA staff know anything else about the above medication or your child's self-administration of this substance?

Medication Name #2 _____ Prescription? Yes/No

Dosage and Schedule: _____

Additional guidelines: _____

How long has your child been taking the above medication? _____

What condition does this medication treat? _____

What are the symptoms of this condition? _____

What side affects are or may be experienced from this medication? _____

If your child refuses to take the above medication, what will your child experience? _____

Should MNA staff know anything else about the above medication or your child's self-administration of this substance?

◆ **Parent/Guardian Signature:** _____ **DATE:** _____