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To the Parents or Guardians of the Participant

For your child to receive medical care in the event of illness or injury while participating in the USM ask that you bring a copy of all relevant insurance information for your child with you to the event. We will store it securely until the end of the program, where we will then return the copy to you.

Is it permissible to provide medical treatment for your child if needed? Yes No

Please state any special medical conditions that may require staff attention:

Does your child take medication on a regular basis of which we need to be aware? Yes No
If yes, please explain:

Does your child have any known allergies? If yes, please explain: Yes No

Is your child under the care of a psychologist/psychiatrist, or being treated for any emotional or mental issues? Yes No
If yes, please explain:

Are there any restrictions of physical activity that may apply to your child? Yes No
If yes, please explain:

Yes, I grant permission for my child to be photographed or videotaped during this event. This includes photos that may be used for promotional or publicity purposes.

Yes, I would like to receive information about other events in the Biological Sciences Department at USM

I certify that my child has permission to attend 6 Camp at USM's Lake Thoreau Environmental Center. I release USM from any and every liability, claim, right of action of any kind or nature which my child or legal representative may have for any and all bodily personal injuries or property damage or any other (0j 0 To (25) In Tm 73.6