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THE WILD CENTER

Health and Photo Permission Form

Please DOWNLOAD this form as a PDF, fill it out, and bring the SIGNED copy with you to the Adirondack Youth Climate Summit. This form requires a SIGNATURE, which cannot be completed online.

For the 2023/2024 School Year

Student information:

Full Name: _____

Date of birth: _____ Age: _____ Grade: _____

Student phone: _____

Emergency contact #1: _____ Phone: _____

Relationship: _____

Emergency contact #2: _____ Phone: _____

Relationship: _____

Emergency Care Permission Form

In the event your child may need emergency medical treatment, he/she will be taken to the nearest hospital at the time. Below is a form which will allow medical personnel/the hospital to administer treatment. Upon receipt of the completed form, we will retain it in our files for presentation to the hospital if the need arises.

I hereby grant permission to administer emergency medical care to my child, listed above. Services include, but are not limited to: hospitalization, injections, x-rays, anesthesia or surgery, if deemed necessary by emergency medical personnel. I accept responsibility for all medical expenses incurred for such treatment

Parent Signature: _____ Date: _____

Medical History Information:

Please circle no or yes and list details as requested. All information will remain confidential and applied only to emergency care situations.

No / Yes Do you have allergies? If so list:

No / Yes Do you take any medications regularly? If so list:

No / Yes Do you have asthma? If so describe current treatment:

No / Yes Have you ever been diagnosed with any major diseases or conditions? (ex: diabetes, epilepsy, hernia, heart disease, etc...)

No / Yes Do you have any food allergies? If so what are they:

The above questions have been answered completely and truthfully to the best of my knowledge. Signing this document releases all information to assist in the application of necessary emergency care only.

Student signature _____ Date _____

Parent/Guardian signature _____ Date _____

Photo Release

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes of the Student named above by The Wild Center. I also grant the right to edit, use, and reuse said products for nonprofit purposes including use in print, on the internet, and all other forms of media.

I also hereby release The Wild Center and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Signature of Parent/Guardian (if student is under 18):

OR

Signature of student (if 18 or over):

Contact Information for Group Leaders

Garrett Marino, Youth Climate Leadership Coordinator at The Wild Center

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