

Informed Consent & Medical Disclosure



Informed Consent & Medical Disclosure for my PARTICIPATE

CHILD to

*Please read and initial each item.
Informed consent must be included with registration form.*

CHILD'S NAME: _____

PARTICIPATION: I give permission for my child to participate in the Oneida Tribe's Summer Youth Programs through Oneida Family Fitness, Recreation, Adventure, Arts and/or Community Education Programs. I understand that the activities in these programs include physical activities, such as swimming, running, biking, climbing, or sports; performance activities such as: singing, acting and dancing; education activities and/or field trips. I understand that my child is participating in this event voluntarily and I agree not to the Oneida Tribe liable for anything that happens to my child during his/her participation in this event.

PROMOTIONS: I give permission to take my child's photograph or video during his/her participation in this event. I understand that the materials may be used by the programs or Oneida Tribe for promotional use.

HEALTH ISSUES: I understand that it is my responsibility to inform you about any health issues, including allergies, my child has which may affect his/her participation in this event.

My child has health issues (if yes, please check all that apply to your child): ☐ NO ☐ YES

☐ Seizures ☐ ADD/ADHD ☐ Asthma ☐ Diabetes ☐ Autism ☐ Other _____

Allergies (please list including food):



Youth Summer Programs will NOT be responsible for administering medication to your child(ren). Please fill out the following information if your child will be taking medication during Summer Programs.

1. Is your child currently taking medications? ☐ NO ☐ YES
2. If yes, what medicine does your child take? _____
3. Does your child take medication on his/her own? ☐ NO ☐ YES
4. Please list any additional information we should be aware of (i.e. warning signs if medication has not been taken, special instructions, etc...) _____

EMERGENCY TREATMENT: In the event my child is injured or becomes ill while attending summer programs, every effort will be made to contact parent/guardian immediately. In the event we are unable to contact/guardian or emergency contact person, may we have permission to seek appropriate medical treatment? ☐ NO ☐ YES

EMERGENCY CONTACT:

Parent Name: _____ Phone #: _____

Other Name: _____ Relationship: _____ Phone#: _____

PHYSICIAN INFO (if desired): Family Doctor _____ Phone#: _____

Parent/Legal Guardian Signature

Date