

Wildacres Flute Retreat Parental Consent Form

(required for attendees under the age of 18)

_____ has my full approval to attend the Wildacres Flute Retreat, Little Switzerland, NC, from June 22, 2019. **I understand that the camp provides no special supervision for minors and that my minor child will be expected to behave in as adult manner.**

Date: _____ Signature: _____

Relationship: _____

Emergency Medical Form

Student's Name: _____ Birthdate: _____ Sex: _____

Allergies:

Medication being taken:

Date of last tetanus shot:

Physical impairments (heart, epilepsy, etc.):

Other pertinent facts to which physician should be alerted:

IN CASE OF EMERGENCY try to locate the following people: (order of preference)

<u>Relationship</u>	<u>Name</u>	<u>Home Phone</u>	<u>Cell Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please read the following carefully and sign one of the following choices (NOT BOTH)

A. I hereby give my consent, in the event that all reasonable attempts to contact the above relatives have been unsuccessful, for the administration of any treatment deemed necessary and to transfer my child to any hospital reasonably accessible. I also give my permission to call an available rescue squad at my expense. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concur in the necessity of such emergency surgery and are obtained prior to the performance of such surgery.

Date: _____ Signature: _____

Relationship: _____

B. I do NOT give my consent for medical treatment of my child. In the event of illness or injury requiring medical Treatment, the Wildacres staff should _____

Date: _____ Signature: _____

Relationship: _____

