

Youth Medical/Permission Form

Child's Name

I give permission for my child to participate in the Ghost Ranch Youth Activities Program. I understand that my child will be participating in swimming, field trips in the Ghost Ranch area, ropes courses, and overnight campouts (Jr/Sr High). I understand that it is Ghost Ranch policy that my child be in attendance during Youth Programming hours, unless arranged with the staff. If I have an elementary age child (up to 6th grade), I will drop them off and pick them up in a timely fashion. I understand that I will be held accountable for my child during non-programming hours over the course of the week. My signature below also indicates that I agree to have my child photographed for Ghost Ranch publicity purposes.

Confidential Medical Information

Person to Notify in Case of Emergency (Not at Ghost Ranch)

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Phone: Home _____ Work _____ Other _____

Insurance You are responsible for any medical expenses and should be covered by your own health and accident insurance. Complete answers are required. Is your child covered by hospitalization and medical care insurance? Yes ___No___

Name of Insurance Company _____

Policy Number _____ Telephone _____

Medical Information — Physician's Name _____

City _____ State _____ Phone _____

If your child has any health problems that we should be aware of please check and describe (use back of page if necessary):

___ Neck, back, or shoulder pain/injury

___ Diabetes

___ Asthma or breathing problems

___ Seizures

___ Frequent or unexplained fainting/dizziness

___ Hypoglycemia

___ Chronic illness or physical infirmity

___ Vision or hearing impairments

___ High blood pressure or heart problems

___ Known allergy to bee stings

Other allergies or medical conditions: _____

Medications

Does your child carry insulin? ___ Epinephrine? ___

Is your child currently on any medication? ___

Please indicate the name, dosage, and condition for which they are used:

By signing this form, I give permission for any emergency medical care provided by ambulance or hospital personnel that might become necessary.

Printed Name

Date

Required Signature

Please send one form per child per week along with your seminar registration to:

Ghost Ranch Registrar; HC77 Box 11, Abiquiu, NM 87510

List Siblings in Youth Activities:
