



KITTITAS ENVIRONMENTAL EDUCATION NETWORK (KEEN)  
Health History, Medical Release, & Waiver of Liability

Event & Year \_\_\_\_\_

### Camper Information

Camper's Full Name \_\_\_\_\_ Camper's Nickname \_\_\_\_\_

Camper's Birthday \_\_\_\_\_ Camper's Age \_\_\_\_\_ Camper's Pronouns \_\_\_\_\_ Camper's Gender \_\_\_\_\_

### Camper Health History

Primary Care Provider \_\_\_\_\_ Phone Number \_\_\_\_\_

Medical Insurance Provider \_\_\_\_\_ Policy Number \_\_\_\_\_

Allergies (*please include whether an allergy has a risk of Anaphylaxis and what a typical reaction looks like*) \_\_\_\_\_

Medications (*please include which medications, if any, need to be administered during program hours*) \_\_\_\_\_

Glasses/Contact Lenses \_\_\_\_\_

Known physical, emotional, or learning disabilities (*please include known and effective strategies when working with child*) \_\_\_\_\_

Other Pertinent Information to share with program staff \_\_\_\_\_

### Camper Medical Release

Consent to medical care and treatment of minor children \_\_\_\_\_

*In case of emergency, I prefer that my child be given treatment at \_\_\_\_\_ (facility) \_\_\_\_\_ (city).*

*When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health. I waive my right of informed consent to such treatment. I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.*

Parent/Guardian Signature

Date



KITTITAS ENVIRONMENTAL EDUCATION NETWORK (KEEN)

# Event Participant Waiver

Event & Year \_\_\_\_\_

Camper's Full Name\* \_\_\_\_\_

Camper's Birthday \_\_\_\_\_

## Primary Contact Information

Full Name \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip code \_\_\_\_\_

## Secondary Contact Information

Full Name \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_

## Emergency Contacts

Full Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Full Name \_\_\_\_\_

Phone Number \_\_\_\_\_

## Additional Approved Adults for Pick Up (in addition to those listed above)

Full Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Full Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Please list any person who **DOES NOT** have permission to pick up this child \_\_\_\_\_

## Program Drop-Off/Pick-Up Agreement

I agree to the following: \_\_\_\_\_

- ⇒ *My child will show up to programming equipped with the necessary items to succeed as determined by packing lists distributed in information packets and program emails. In the winter, this can include but is not limited to: snow pants and jacket, snow boots, hat, gloves, ect. In the summer, this can include but is not limited to: close-toed shoes, water bottle, sunscreen, bug spray, ect.*
- ⇒ *I, and any adult who I have approved to pick up my child at the end of programming, understands that a valid photo ID is required to be shown to the Program Supervisor or Director **BEFORE** leaving camp property.*
- ⇒ *If my child must miss programming or must leave early or arrive late to programming, I understand that it is my responsibility to effectively communicate facilitation of drop-off/pick-up with Program Supervisor or Director prior.*

Parent/Guardian Signature

Date



# Event Participant Waiver

Event & Year \_\_\_\_\_

Camper's Full Name\* \_\_\_\_\_

Camper's Birthday \_\_\_\_\_

## Permissions Agreement

\_\_\_\_\_  
INITIAL

**Release of Photographs/Video/Quoted Information for Publication or Distribution:** To help spread the word about KEEN, a number of publicly distributed promotional materials may be produced. I hereby authorize the released parties to publish, photograph, video, record or conduct media interviews, including but not limited to, written or spoken quotes or photographs. I understand and agree that the photographs, video, likenesses, or images, recording and/or publication may reveal my name and employer. I further agree to allow such, as stated above, to be accomplished without any compensation at any time to me. I hereby release all rights of ownership of the materials as may be created and release the released parties of any and all liabilities connected with the use of the materials. If person signing is under 18 years of age, consent should be granted by parent or legal guardian.

\_\_\_\_\_  
INITIAL

**Nature Immersion and Acceptable Risk in Programming:** I give consent for my child to participate in nature and environmental-based activities at YCIC/Helen McCabe Park and other locations and all outdoor related experiences with KEEN staff and volunteers as part of KEEN programming. I fully understand appropriate risk in free play provides real world examples to learn risk assessment and self-regulation and that KEEN staff monitor activities to promote learning in a safe environment.

\_\_\_\_\_  
INITIAL

**Consent to Use Hand Sanitizer:** I give consent for KEEN staff to administer hand sanitizer or sanitizing wipes to my child in an effort to reduce the spread of illness.

\_\_\_\_\_  
INITIAL

**Consent to Application of Sunscreen:** I authorize the application of sunscreen to exposed skin by KEEN staff. I will: (1) provide a sunscreen with a sun protection factor of 30 or more; (2) write my child's name on their sunscreen container with permanent marker and ensure sunscreen is brought each day and applied prior to drop-off.

## Parent/Guardian Agreement

\_\_\_\_\_  
INITIAL

**Financial Agreement:** I understand that I am financially responsible for all program fees associated with enrolling my child in KEEN programming. I understand that any/all registration fees or deposits are non-refundable, but may be transferable depending on availability.

\_\_\_\_\_  
INITIAL

**Waiver and Release of claims:** I, \_\_\_\_\_, hereby grant permission for my child \_\_\_\_\_ to participate in KEEN programming. I authorize KEEN staff and volunteers to seek any emergency medical treatment deemed necessary. I understand that KEEN, WA State Parks, Ellensburg Parks and Recreation, and other participating partners and sponsors do not provide any accident or health insurance for participants. I agree to protect, indemnify, and hold harmless the program and its instructors, owners, volunteers, community partners and sponsors from any and all claims, liabilities, damages or rights of action directly or indirectly resulting from my child's participation in KEEN programs, events, and other projects of the Kittitas Environmental Education Network (KEEN), 501(c)3 organization.

\_\_\_\_\_  
INITIAL

**Program Information Packet Overview:** I have received the KEEN program information packet and have read, understood, and am willing to comply with all guidelines to ensure the safety, health, and well-being of all participants, staff, volunteers, and greater community members. I understand that I am fully responsible for the terms of this agreement as stipulated. I have read, understood, and agree to comply with information for parents/guardians given to me by KEEN staff.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_