



## Camp Bighorn 2023 Emergency Contact and Liability Release Form

Instructions: Form must be filled out by a parent or guardian. Please neatly print or type to answer all questions in form. When completed, return to NBSC via email at [info@bighorn.org](mailto:info@bighorn.org) or mail to P.O. Box 1435, Dubois, Wyoming, 82513

Dates of Camp: August 7-10, 2023

Location: Whiskey Mountain Conservation Camp - 702 Trail Lake Rd, Dubois, WY, 82513

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

**Date of Birth (Month/Day/Year):** \_\_\_\_\_ **Age on 8/7/2023:** \_\_\_\_\_

### Medical/Liability Release

All participants must have a signed release form. Your child's participation is voluntary. Your written consent at the bottom of this form is required for your child to participate.

I acknowledge there are inherent risks of physical injury or illness to Camp Bighorn participants and I agree to assume the full risk of any injuries, damages, or loss, associated with my child's participation in this program. I waive and relinquish any and all claims for injuries, damages, or loss of any kind that my child, I, my insurer, or my estate may have against the Camp Bighorn Program, the National Bighorn Sheep Center, and their officers, agents, servants, volunteer instructors and employees ("Released Parties") which I may have or which may accrue to me on account of my child's participation in the above program. I consent for my child to receive first aid and other emergency medical treatment in the event of an injury or illness incurred during his/her participation in the Camp Bighorn Program, and I waive and relinquish any and all claims for injuries, damages, or loss that my child, I, my insurer, or my estate may have against the Released Parties arising out of such treatment. I give permission for the Released Parties to seek emergency medical services for my child should he/she become injured or ill during his/her participation in the program with the understanding that I am responsible for any expenses incurred. I understand that the Released Parties do NOT provide any medical insurance coverage for my child while participating in this program.

If your child fails to abide by any rules of conduct and instructions during the activity, it may become necessary to discontinue his/her participation in the activity. By participating in Camp Bighorn, it is further understood and agreed upon that your child will abide by the general rules and conduct prescribed for guests of the Whiskey Mountain Conservation Camp and that violations may result in

a denial of privileges, a forfeiture of all fees paid and immediate removal from the Whiskey Mountain Conservation Camp property. I, as parent/guardian, also certify that my child is between the ages of 9 -12 (or will be prior to August 7, 2023).

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Medical History Questionnaire

Please bring all medications (over the counter and prescription) for your camper/child in the original prescription bottles with original prescription labels. Place all medications in a gallon size zip-top storage bag and alert camp personnel to give to the camp nurse upon arrival at camp. The following information will only be used in case of an emergency and will remain confidential.

### **Please list all medical conditions your camper/child has:**

Special food requirements:

Other medical conditions:

### **Current Medications:**

Name of medication/s:

Dose and Frequency:

Specific instructions (times, with or without food, etc.):

### **For Allergies:**

List allergens here:

Allergic reaction symptoms:

Last anaphylactic episode:

Treatment:

Does the camper carry an Epi-Pen? Yes \_\_\_\_\_ No \_\_\_\_\_

**(Camp Bighorn does not supply Epi Pens.)**

Please list specific instructions your camper requires post allergic reaction:

**For Asthma:**

List triggers/allergens here:

Does the camper carry his or her own inhaler? Yes\_\_\_\_ No\_\_\_\_

Name of asthma medication:

Directions for use of asthma medication:

Date of last asthma attack:

Please list any other medical/health information for the Camp Nurse. Be as specific as you need to be to ensure the best care is given to your camper/child:

**This medical history questionnaire is correct and complete to the best of my knowledge.**

**Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Medical History Consent**

I , being the parent or legal guardian of the above-named child, give my consent for emergency medical and surgical treatment in a licensed medical facility by a licensed physician should my child’s condition require it in my absence. I understand that in such a case, reasonable attempts would first be made to contact me, time and conditions permitting. I confirm to the National Bighorn Sheep Center and Affiliated Partners that my child is in good health and that his/her participation does not pose a hazard to his/her health or that of participating students. As long as the medical or surgical treatment considered necessary in the situation is in accordance with generally accepted standards of medical practice for the particular type of injury or illness involved, I impose no specific prohibitions regarding treatment unless stated here:

**Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**Emergency Contact Information:**

Name: \_\_\_\_\_ Relation to Camper: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Camper: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation to Camper: \_\_\_\_\_ Phone: \_\_\_\_\_

**Photo Release**

I understand that photographs may be taken of my child during the camp and I agree that photos of, or including my child, may be used in future support of the Camp Bighorn Program or through marketing involved with the National Bighorn Sheep Center and/or the Affiliated Supporting Organizations and Partners.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_