

**PARENT PERMISSION SLIP AND AUTHORIZATION FOR TREATMENT**

**Dungeness River Audubon Center, P.O. Box 2450, Sequim, WA 98382 360-681-4076**

We are required by law to have parent/guardian permission to give medical service, should the need arise, for participants under the legal age of consent (18 years).

The Undersigned, who is one of the parents having legal custody, or the legal guardian, of the participant named, a minor, hereby authorizes the personnel of the Dungeness River Audubon Center into whose care said minor \_\_\_\_\_ (student's name) has been entrusted, to consent to medical examination, diagnosis, and treatment or hospital care to be rendered to said minor under general or special supervision and on the advice of a physician and surgeon licensed under the provision of the Medical Practice Act, or by a dentist licensed under the provisions of the Dental Practice Act.

For minor illnesses or injuries, the Dungeness River Audubon Center will attempt to contact me before my child leaves the medical office. For major illnesses or injuries, the Dungeness River Audubon Center will attempt to contact me before institution of treatment unless such treatment is so urgent it must be done before contact can be made. If I cannot be reached, this authorization is nevertheless effective. I will provide the medication if it is known that my child has such allergies. I agree to assume financial responsibility for my child's medical or dental care. It is hereby agreed that the Dungeness River Audubon Center and its partners shall not be held responsible for any injuries that might occur to the participant at any time or at any place.

I also hereby grant to the Dungeness River Audubon Center and/or its licensees permission to photograph, record, and use my child's name, image, and voice in connection with promotional presentations. (The usual means might include slide shows, Camp CD's, video presentations, brochures, television, radio, newspaper and newsletter stories or ads, web page promotions and the like.)

This consent shall be effective in 2009 - 2010.

Parent/Guardian's Signature \_\_\_\_\_  
Date \_\_\_\_\_ Printed Name \_\_\_\_\_  
Parent/Guardian Telephone # Day \_\_\_\_\_ Eve \_\_\_\_\_

If you have any additional notes or comments, please place them below.