



7026 South Billings Boulevard– Billings, MT 59101

406-294-5099

www.mtacec.org

PARENTAL CONSENT TO TREAT, TRANSPORT, & PARTICIPATE

PART 1 – MEDICAL TREATMENT

Permission is given to any available duly licensed Doctor of Medicine or member of hospital medical staff to perform emergency treatment under whatever conditions are necessary to preserve the life, limb, or well-being of **(list child(ren)'s name)**

as the physician deems necessary and to continue treatment and procedures until such time as the undersigned shall dismiss him/her or engage another physician. This permission includes admission to one of the local hospitals if the attending physician deems it necessary. _____ **(INITIALS)**

Doctor/Preferred Hospital: _____ **Insurance:** _____

PART 2 – PERMISSION TO TRANSPORT (if an away camp)

I, _____, hereby certify that the Audubon Center has permission to transport (list child(ren)'s name)

from the Center to activities throughout the city of Billings during camp or afterschool programs. _____ **(INITIALS)**

PART 3 –RELEASE OF LIABILITY AND USE OF IMAGE

As the parent and/or legal guardian of **(list child(ren)'s name)**

_____ ,
I wish for my child to participate in Montana Audubon's ("Audubon") program (the "Program"), which may include in-the-classroom and outdoor field trip experiences. I understand that there are possible dangers associated with the Program. I understand that my child's participation in the Program may involve sustained physical activity. My child is in good health and I am aware of no physical problem or condition that will limit or interfere with my child's ability to participate in the activity.

I agree that my child is participating in the activity at my own risk, and acknowledge that Audubon has made no warranty or representation, expressed or implied, regarding the safety of conducting this activity at this site. _____ **(INITIALS)**

I hereby grant permission to Audubon to reproduce my child's appearance, name, likeness, voice and biographical information in connection with the Program in any and all manners, including promotional materials, and in any and all media throughout the world and in perpetuity. _____ **(INITIALS)**

I expressly release Audubon, and its officers, directors, employees, agents licensees, successors and assigns from and for any and all claims, demands or causes of action which I have or may have, including claims for (i) libel, defamation, invasion of privacy or right of publicity arising from Audubon's use of my child's appearance, name, likeness, voice and biographical information, including but not limited to, the distribution, broadcast or exhibition thereof, or (ii) on account of any loss, damage, or injury to person or property suffered or incurred by my child, except by Audubon's negligence, in connection with any aspect of my child's participation in the Program or in any Program-related activity, including any transportation arranged by, paid for or provided by Audubon.

This release shall be binding upon me and my heirs, next of kin, executors, administrators and assigns. By signing below, I acknowledge that I have thoroughly read and understand this form and that the statements I have made are all true.

SIGNATURE: _____

PRINT NAME: _____ **DATE:** _____



<p><i>Child One</i> Name: _____</p> <p>Date of birth: _____</p> <p>Sex: Male Female</p> <p>Known Allergies: _____</p> <p>Known Medical Issues: _____</p> <p>_____</p>	<p><i>Child Two</i> Name: _____</p> <p>Date of birth: _____</p> <p>Sex: Male Female</p> <p>Known Allergies: _____</p> <p>Known Medical Issues: _____</p> <p>_____</p>
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<p><i>Child Three</i> Name: _____</p> <p>Date of birth: _____</p> <p>Sex: Male Female</p> <p>Known Allergies: _____</p> <p>Known Medical Issues: _____</p> <p>_____</p>	<p><i>Child Four</i> Name: _____</p> <p>Date of birth: _____</p> <p>Sex: Male Female</p> <p>Known Allergies: _____</p> <p>Known Medical Issues: _____</p> <p>_____</p>
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Parent/Guardian Name: _____

Relationship: _____

Address: _____

_____ (City) _____ (State) _____ (Zip code)

Email Address: _____

Phone Number(s): _____

Emergency Contact: _____

Relationship: _____ **Phone Number(s):** _____

Authorized Pick-Up

For the safety of your child(ren) we ask that you list the names, relation, and contact numbers of each person that an pick up your child from the program each day. Anyone not on this list will not be allowed to pick up your child.

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

It is the responsibility of the parents/guardians to notify the Audubon Center of changes occur that affect the information on this form. Our office number if 294-5099