

**DRIFTWOOD EDUCATION CENTER
ADULT MEDICAL FORM**

Full Name _____ Age _____
Date of Birth _____ Sex _____ WT _____ HT _____
Street _____
City _____ County _____ ST _____ Zip _____
School Name _____

Home Phone _____ Alternate Phone _____
Physician _____ Phone _____

In Case of an emergency notify the following:

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

Date of last Tetanus shot _____
Recent Illness _____

Allergies (Anyone with food allergies must inform us of the severity and provide a list of basic foods that are acceptable) _____

Special dietary requirements _____

List current activity restrictions or special health concerns _____

This is to certify that _____ is in good physical condition and that the information provided above is accurate to the best of my knowledge.

Signed _____ Date _____

MEDICAL AUTHORIZATION

Full Name: _____ School Name: _____

Statement of consent and authority:

In the event of an emergency or non-emergency situation requiring medical and/or dental treatment, I _____, hereby grant to Driftwood Education Environment, Inc. d/b/a Driftwood Education Center, and its staff, authority to secure and authorize medical and dental treatment for me.

I further hereby grant to any such medical or dental professional (including paramedic, nursing staff, physician's assistant, medical doctor or dentist), permission and authority for any and all medical and/or dental attention and treatment to be administered to me. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, the administration of anesthesia, surgery, or any other treatment such as determined necessary by attending medical professionals (including paramedic, nursing staff, physician's assistant, medical doctor or dentist). This authorization includes treatment in the case of accidents, illness or injury, of whatever kind or nature.

Insurance Information:

Name of Insurance Company: _____

Policy Number: _____

Member Number: _____

Name and Address of Employer Providing Coverage: _____

Telephone Number for Insurance Company: _____

Signature

Date

PERMISSION FORM AND RELEASE OF LIABILITY

I, _____, will travel to and participate in the Driftwood Education Environment, Inc. d/b/a Driftwood Education Center (herein "Driftwood Education Center") activities (herein "Trip"). In consideration of Driftwood Education Center allowing my participation in the Trip, including the various activities scheduled for the Trip, I agree as follows:

I hereby represent that I have the experience and am physically and mentally capable to engage in the indoor and outdoor physical work and recreational activities of the Trip, and further represent that I have no limitations to engage in such work or recreational activities, except as set forth as follows:

_____ No Limitations.
Initial

_____ I have the following limitations:
Initial

I fully understand that (a) indoor and outdoor recreational activities, including those on or near the waterways, and those on or near recreational watercraft, have inherent risks, dangers, and hazards and such exists in my participation with Driftwood Education Center in the referenced Trip; (b) my participation in such indoor and outdoor activities and use of equipment in connection with such activities may result in serious injury or illness including, but not limited to bodily injury, disease, strains, sprains, fractures, partial and/or total paralysis, death or other ailments that could cause serious injury or temporary or permanent disability; (c) those risks and dangers may be caused by the negligence of the employees, officers, visitors or guests of Driftwood Education Center, or the school with which I am traveling, owners, employees, officers or agents of any of these entities, or any other person, entity or group participating in or providing the activities contemplated by the referenced Trip (herein "Released Parties"); (d) further, those risks and dangers may be caused by the negligence of the participants, the negligence of others, accidents, breaches of contract, the forces of nature or other causes; (e) risks and dangers may arise from foreseeable or unforeseeable causes including, but not limited to, the chaperones or leaders of the group with which I am traveling, guide or supervisor decision making, including that such person may misjudge terrain, weather and such other risks, hazards, and dangers that are integral to recreational and work activities that take place in a wilderness, indoor, outdoor, or recreational environment; and (f) I, for myself, hereby assume all risks and dangers and all responsibility for my injury, losses and/or damages, whether caused in whole or in part by the negligence or other conduct of me, the Released Parties or others. Further, I assume the risk and responsibility for any losses, claims, expenses or damages caused by the negligence or intentional acts of me.

I specifically understand that I am releasing, discharging and waiving any claims or actions that I, may have presently or in the future for the negligent acts or other conduct by Released Parties.
I, for myself as parent and guardian of my child, and for and in behalf of my heirs and assigns, including heirs and assigns of my child, covenant to indemnify Released Parties which arise wholly or partially due to the conduct (including negligence or intentional conduct) of my child.

By signing below, I acknowledge the adequacy of consideration and that I have read and agree with the foregoing. I understand that, but for our agreement to the terms of this Medical Emergency Treatment Authorization and Release of Liability, I would not be permitted to participate in this Trip.

By signing below I represent and acknowledge that I have read the entirety of this document, and understand that I am executing a release of liability in favor of persons referenced above, and that I am further authorizing medical care for me in the event sickness, disease or injury.

School Name

Signature