



# WOLFTREE, INC. PERMISSION FORM

IT IS REQUIRED OF EACH STUDENT ATTENDING A WOLFTREE FIELD PROGRAM TO COMPLETE THIS FORM.

A parent or legal guardian of the minor named below, agrees to the following:

(Student name) \_\_\_\_\_ has my permission to participate in all activities on a Wolftree field trip, taking place on the following date(s) \_\_\_\_\_ at the following site: \_\_\_\_\_

Employees and other adult agents of WOLFTREE, INC. are herewith given the authority on the date stated above to consent to any medical treatment that may be required by my child in the place of and with the same authority as myself.

To help prevent any medical situations on field days, the Wolftree staff needs to be aware of any medical conditions your child may have. Please complete this checklist. Check boxes if your child has:

- |   |   |
|---|---|
| <input type="checkbox"/> Asthma<br>Uses inhaler? <input type="checkbox"/> yes <input type="checkbox"/> no                 | <input type="checkbox"/> Heart Condition  |
| <input type="checkbox"/> Recent Injuries/surgeries<br>List: _____   | <input type="checkbox"/> Low Blood Sugar  |
| <input type="checkbox"/> Allergies(food, insect, medicene, etc)<br>List: _____  | <input type="checkbox"/> Seizures   |
| Carries epinepherine? <input type="checkbox"/> yes <input type="checkbox"/> no  | <input type="checkbox"/> Medications: _____                                       |
| <input type="checkbox"/> Diabetes<br>Carries insulin or glucose? <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> Other conditions or concerns?<br>_____<br>_____<br>_____ |

Further consideration of the services performed by WOLFTREE, INC. and WOLFTREE'S staff and volunteers, WOLFTREE, INC. is hereby released from liability for all actions taken in good faith during this trip.

WOLFTREE, INC. reserves the right to use student drawings, journal excerpts, and photos taken during the field day for promotional purposes.

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

School/Group \_\_\_\_\_