

Humane Education Program Minor Waiver

Consent and waiver for _____
(name of minor)

I, _____, being the parent or legal guardian of _____, hereby give my consent to allow my (son, daughter, ward) to tour the facility and participate in any Camp PAWS activities including those related to animal interaction with the **Humane Society of Huron Valley**. I fully understand and acknowledge that his/her participation in Camp PAWS activities are subject to all the rules and regulations of the **Humane Society of Huron Valley**, that violations thereof shall be cause for immediate dismissal from Camp PAWS and that all activities participated in by my (son, daughter, ward) are strictly voluntary, without pay and compensation of any sort and without liability of any nature on behalf of the **Humane Society of Huron Valley**. I further acknowledge that all activities participated in are performed at his/her own risk. On behalf of myself, my (son, daughter, ward), my heirs, my personal representatives or administrators, I hereby release, discharge, indemnify, and hold harmless the **Humane Society of Huron Valley**, its agents, servants, and employees from and against any claims, causes of action, demands, judgments, or fees, incurred by the **Humane Society of Huron Valley**, which could in any way be associated with or connected with his/her participation in activities as a registered participant in Camp PAWS with the **Humane Society of Huron Valley**, including but not limited to, animal bites, accidents, or injuries.

Signature of Parent/Legal Guardian _____ Date _____

I understand that public relations are an important part of promoting the **Humane Society of Huron Valley**. On behalf of myself and my (son, daughter, ward), I allow the **Humane Society of Huron Valley** to use any photographs or videos taken of my (son, daughter, ward) for use in public relations efforts.

Signature of Parent/Legal Guardian _____ Date _____

HSHV Release and Policy Form

The Humane Society of Huron Valley requires that we have documentation verifying that each child's parent understands and accepts our policies on the following issues. Please read the policies listed and sign your name below to indicate your understanding of these policies.

- **Special Concerns** – Prior to the time of registration, any behavioral problems or special physical, emotional, psychological, or medical needs, including allergies, should be identified or discussed with the Humane Educator.
- **Health Record** – I acknowledge that our child is in good health and her/his immunizations are current. Further, any health restrictions, allergies, medications taken by my child, or any other needs, are noted below in the "additional" comments section. Example: My child carries an epi-pen. I am attaching an allergy action plan.
- **Sunscreen Application** – Camp PAWS participants will be responsible for supplying and applying their own sun block if needed. Participants will not be permitted to use sun block brought by other participants.
- **Medical Treatment** – The Humane Society of Huron valley does not normally administer any medication and will do so only when directed in writing by the child's parent or guardian. Prescription medications must include a doctor's note along with written instructions for administering medication. Please see attached form. However, in the event of an emergency in which the parent cannot be contacted, emergency medical staff and the Humane Society of Huron Valley may take appropriate action in the best interest of the child.
- **Lost Items** – I understand that the Humane Society of Huron Valley is not responsible for any personal items lost or stolen at our programs. We recommend writing your child's name on all personal items and leaving valuables at home.

Humane Society of Huron Valley - Permission for Medical Treatment

I authorize the staff and volunteers of HSHV to provide first aid treatment for minor injuries, including but not limited to minor cuts, scrapes and abrasions. I authorize HSHV arrange for transportation in case of an accident or acute illness of my child. In the event it is impossible to receive instruction for my child's care, consent is given to any licensed physician and/or surgeon called or to whom my child is taken, for treatment by him/her to administer drugs and medication, and to perform such surgical treatment as s/he shall think the existing emergency requires for pain relief and/or preservation of my child's life, and/or health and well being. Cost incurred for treatment of such illness or accident will be processed through my insurance prior to submitting a claim to the Humane Society of Huron Valley. The authorization and consent for treatment is given to HSHV in conjunction with any authorized event.

Parent Signature: _____ Date: _____

Print Name of Parent: _____

Cell Phone Number (Emergency): _____

Print Name of Child/Children in Program: _____

Additional Comments: _____

Please complete this form if your child needs any medication. **All medications must be self administered or administered by a parent. This form must have a doctor's signature and/or an accompanying doctor's note (including for over the counter medications).**

Child's Name _____

Please list any medications that will need to be administered during Camp PAWS:

What type of medical issue does the medication address? _____

What pertinent information does our staff or emergency personnel need to know regarding the side effects of medication or medical condition? _____

Dosage to be self administered _____

Please give written directions as to how to administer this medication. Include how it is given (mouth, with food, etc) and the time it is administered _____

Parent/Legal Guardian Signature

Doctor's Signature