



ADIRONDACK TRAIL IMPROVEMENT SOCIETY, INC.
P.O. Box 565, Keene Valley, NY 12943

**ATIS Junior Program Health Information, Waiver and
Permission to Treat Form**

This form must be submitted before the hiker begins the first hike of the summer.

Participant's Name: _____ **Birth Date:** _____ **Age:** _____

Are there allergies? (Specify) _____ _____	If the hiker requires an EPI-Pen, the counselor must know where the Epi-Pen is or carry the Epi-Pen during the hike.
Are there any medications that would need to be taken while participating? _____ Child must be capable of self-medicating since counselors are not permitted to administer medications.	Please list any additional conditions or concerns we should know about your child's ability to participate in the program. _____ _____

I hereby give ATIS personnel permission:

1. To have access to my son / daughter's medical information included on this form; to provide first aid during the hike/ ATIS sponsored activities; to select medical personnel for the purpose of ordering X-rays, routine tests, or treatment for the listed participant; to make relevant medical information available to medical personnel.

2. In the event that I cannot be reached in an emergency, I hereby give permission to the health care provider selected by ATIS to hospitalize, secure proper treatment for, and order injections and /or anesthesia and/or surgery for the child named above.

This health information is correct to the best of my knowledge. I believe my child to be physically and emotionally capable of participating in all ATIS activities except as noted. As parent/guardian of the above-named child, I also acknowledge that I am aware of the potential dangers of some activities (steep trails, rough waters, sudden changes in weather, distance from medical personnel and facilities, lack of cell phone or other communication, etc). I understand that the leaders of ATIS activities, while trained in first-aid are not health professionals and are not qualified to give professional medical treatment. I accept that it is my responsibility to understand the risks of any activity my child signs up for and not to allow participation beyond the child's capabilities. I also waive any and all claims that might otherwise arise against ATIS or its personnel as a result of my child's participation. I understand that the information on this form may assist ATIS personnel, but that its submission does not impose any legal responsibility on ATIS or its personnel.

Signature of parent or guardian _____ **Date** _____

Insurance: Each participant is responsible for medical expenses.

Does the insurance company require preauthorization? Y N Insurance Company _____

Policy # _____ Billing address of Ins. Company: _____

Group # _____ Telephone # _____

CONTACT INFORMATION

Parent or Guardian _____

Local Address _____

Home Phone _____ Cell Phone _____

If not available in an emergency, notify:

Name/ Relationship _____ Phone _____