

## OUTDOOR EDUCATION ADVENTURES (OEA)

### Medical Waiver and Authorization

*I, the Parent/Guardian of the named minor(s), certify that the health history provided is correct and accurately reflects the known health status of the minor(s) named on this form. I give permission to OEA staff to provide routine health care (bumps, bruises, scrapes); to administer prescribed or over-the-counter medications as described by me on the Camper Medication Form; and to provide or obtain emergency care and transportation (herein called emergency service providers) for the minor(s) if needed. I give permission to the emergency service providers, selected by OEA or its employees, to order x-rays, tests, and treatment related to the health of the minor(s) in emergency situations.*

*If I or the emergency contact named above, cannot be reached in an emergency, I give my permission to the emergency service providers to hospitalize, secure proper treatment for, and order and administer medication, injection, anesthesia, X-rays, special procedures, or surgery for this minor(s), if deemed medically necessary. I understand that I am responsible for the cost of any medical care or prescriptions the minor(s) requires. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I understand that information on this form will be shared on a "need to know" basis with camp staff.*

*I release OEA and their respective shareholders, directors, officers, employees, agents, affiliates, successors or any other person or entities united in interest with OEA programs from any and all injury or material loss which may occur as a result of the minor's(s) participation in program activities.*

**I have read this Medical Waiver and Authorization Agreement, and understand that I have given up substantial rights by signing it and do so freely and voluntarily.**