

Medical and Liability Release Form

Participant Name: _____

Phone: (____) _____

Address: _____

TO PARTICIPATE, PARTICIPANT MUST BE COVERED BY MEDICAL INSURANCE

Carrier: _____

Medical insurance number _____

Physician's name and number: _____

Date of last physical examination: _____

Date of last tetanus toxoid injection: _____

IF YOUR SON/DAUGHTER IS BELOW THE LEGAL AGE OF CONSENT (18) THE LAW REQUIRES THAT WE HAVE YOUR PERMISSION TO GIVE MEDICAL SERVICE SHOULD THE NEED ARISE.

I authorize medical examination and treatment as may be deemed advisable by the physician in attendance. For minor illnesses or injuries, N.A.B.O., my child, or adult chaperone will attempt to contact me before my child leaves the medical office. For major injuries of illnesses, NABO Udaleku Camp officials will attempt to contact me before institution of treatment, unless such treatment is so urgent that it must be done before contact can be made. If I cannot be reached, I authorize the attending physician to act as medical judgment may dictate. I also agree to assume financial responsibility for my child's care.

I agree that N.A.B.O, the Big Horn Basque Club, and those working for either organization will be released of any and all liabilities incident to my minor child's involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE.

This authorization shall be in effect from June 14, 2008 to June 28, 2008

UDALEKU 2008

BUFFALO, WY

Parent/guardian's signature: _____

Date: _____

Printed Name(s): _____

Parent/guardian's home phone: _____

work phone: _____ cell phone: _____

In case of emergency, person to contact if parent/guardian cannot be reached:

Relationship of alternate to student: _____ phone: _____

NOTE: Please let us know if your child needs to take prescription medicine, or has any medical conditions we should be aware of.

None: _____

Special requirements (if any):

Allergies (if any):

PLEASE RETURN THIS FORM TO:

**BIG HORN BASQUE CLUB
TERESA FIELDGROVE
PO BOX 508
BUFFALO, WY 82834**