



**Arizona  
Outdoor  
Adventures**

There are times when illness or accident may occur and immediate surgical or medical attention is necessary. I/we hereby grant permission to Arizona Outdoor Adventures to make arrangements for qualified surgical or medical attention for my child/ward in the event of an emergency without necessity of my prior approval. I understand that I will be notified by the quickest means possible if this authority is exercised.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

**In case of emergency, please notify:**

Name/Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Insurance Information:**

Insurance Company: \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_

Insurance Policyholder: \_\_\_\_\_

**Health Questions (If none, please state):**

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Chronic Health Problems: \_\_\_\_\_

Physical Limitations: \_\_\_\_\_

\_\_\_\_ We have read Camp Guidelines and we hereby understand and agree to abide by them.

\_\_\_\_ I/we will allow the use of photographs and/or video to be used by Arizona Outdoor Adventures on/for promotional and/or fundraising materials and presentations.

\_\_\_\_\_  
Child's Signature

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date