



VENTANA WILDLIFE SOCIETY

19045 PORTOLA DR STE F1, SALINAS CA 93908

831-455-9514, fax 831-455-2846

YOUTH MEDICAL FORM

Please be sure to fill out both sides completely and sign the permission for medical treatment.

Youth Name: _____ Date of Birth: _____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: _____ Email: _____

Mother's Name: _____ Cell # _____ Work # _____

Father's Name : _____ Cell # _____ Work # _____

List any additional phone numbers where parents / guardians can be reached in case of an emergency:

Please identify any physical / medical condition which might affect your child's participation or which should be brought to the attention of Ventana Wildlife Society to enable them to treat your child in an emergency situation. Disclosure of this information will not disqualify child from participation.

Does child have any drug, food or other allergies? Yes No If yes, please describe: _____

Does child run the risk of anaphylactic shock from an allergy - i.e. bee stings? Yes No

(My child has never been stung before)

If yes, does child carry an epinephrine shot or an Epi-pen? Yes No

Do we have permission to give your child Benedryl if needed? Yes No

Please note any history or serious illness: _____

Is child currently on any medication? Yes No Describe: _____

Please turn over =>

Do we have permission to supply anti-nausea wrist bands if we are on a whale watch? Yes No

Can your child comfortably swim at least one pool length without assistance? Yes No

Please list any other information that staff should be aware of: _____

Please list those authorized to pick up youth or who may be called if guardians cannot be reached.
(Note that youth will not be allowed to leave with any other person without written consent from guardian)

Name	Phone	Relationship
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_____	_____	_____
_____	_____	_____

Physician Name: _____ **Phone Number:** _____

Address _____

Insurance Carrier _____ **Phone #:** _____

Group #: _____ **Subscriber #:** _____

Permission for Medical Treatment

Administrative procedures vary among medical personnel and medical facilities with regards to provision of medical care for a child in the absence of the parent. The exact procedure required by the physician or hospital to be used in emergencies should be verified in advance.

In case of an accident or emergency, I authorize a staff member of the Ventana Wildlife Society to take my child to the above named physician or to the nearest hospital for such emergency treatment and measures as deemed necessary for the safety and protection of the child, at my expense.

Parent / Guardian Signature _____ **Date** _____