

CARGO RANCH  
MEDICAL CONSENT AND WAIVER FORM

(Please Print)

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Relationship to child \_\_\_\_\_

MEDICAL INFORMATION: List any medical conditions your child may have (e.g. diabetes, epilepsy, etc.)

Child is taking the following medications:

Name of Medicine	Dosage	Frequency
1. _____		
2. _____		
3. _____		

Does the child have any allergies? (e.g. insects, hay fever, strawberries, peanuts, etc) \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain: \_\_\_\_\_

Does the child have any allergies or adverse reactions to medications? (e.g. penicillin, ibuprofen, acetaminophen etc.) \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain: \_\_\_\_\_

Does the child have any disabilities or physical or developmental limitations? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain: \_\_\_\_\_

Please feel free to explain on additional sheets if needed.

CONSENT TO TREATMENT OF CHILD I hereby warrant that to the best of my knowledge, my child is in good health and physically able to participate in the Cargo Ranch Program Activities and I assume all responsibility for my child's health and physical condition and my child's ability to participate. In the event of circumstances that indicate that my child is in need of immediate medical care, I authorize and give permission for my child be to be transported to a hospital/clinic/medical facility for evaluation and emergency medical treatment. I authorize any licensed physician or medical center to treat my child. I accept full responsibility for any associated medical or hospital bills.

LIABILITY WAIVER In consideration of the arrangement set forth herein, I do on behalf of my child, myself, successors, assigns and next of kin, release, waive, hold harmless, defend the covenant NOT TO SUE, Cargo Ranch, and each of the respective departments, directors, administrators, volunteers, and employees from any and all actions, claims, demands or liabilities, including without limitation, those for personal injuries or property damage, that my child may suffer due to illness or injury suffered by my child as a result, of, or in connection with, participation in the Cargo Ranch Activities, including without limitation, the administration of emergency medical treatment and any consequences thereof that may result, to the fullest extent permitted by law.

I CERTIFY to you that the information contained herein is true and correct to the best of my knowledge and that I understand this consent and waiver form and sign it voluntarily and entirely of my own free will.

Signature of Parent or Guardian

Date

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