



**OUTDOOR ADVENTURE CORPS**

32 Hope Road • Cranston, RI 02921 • 866-989-HIKE (4453)

**YOUTH PERMISSION SLIP**

**Wilderness First Aid Course**

**When:** April 17-18, 2010

**Where:** CCRI Knight Campus, Warwick, RI

**Arrive:** No later than 8am both days

**Depart:** No later than 6pm both days (10pm Saturday if taking CPR elective)

**Fee:** As described in course materials

**Return Form No Later Than:** April 3, 2010

Questions? Call: Jim Robinson, 866-989-HIKE (4453) [voice mail]

We the parents / guardians of the youth listed below, recognize that there will be physical activities at activities sponsored by Outdoor Adventure Corps and that there is a risk of injury. On behalf of our child, we hereby waive any and all claims against Outdoor Leadership Corps and its leaders that result from any injury that may occur while he or she is participating in this activity.

**IN CASE OF EMERGENCY:** I hereby give my permission to the leadership of Outdoor Adventure Corps to secure proper treatment for my child. I also give the Hospital and Physician permission to treat and order injections, medications, anesthesia, or surgery, as necessary, for the child named below.

Please provide a Personal Health and Wellness Form with current insurance policy information if you have not done so in the past year.

Please note any allergies, current medications, and other medical conditions of note. If there are any severe allergies, please contact the event leader as soon as possible.

Youth's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency phone number if I cannot be reached: \_\_\_\_\_

Name and relationship of individual: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_