



# Mid Klamath Watershed Council

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## Back to the Garden Thursdays Permission Form

Name of participant(s): \_\_\_\_\_

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

Phone: \_\_\_\_\_ I want to be contacted to be reminded of youth events: \_\_\_\_\_

### My child has permission to participate in the following activities:

Classes and activities that take place through the MKWC Youth Program including but not limited to classes, projects and activities on site at Panamnik Building and any outdoor activities at local farms or within walking distance including but not limited to hiking, climbing, swimming. I recognize that activities will be supervised and supervision begins and ends at the allotted activity time from 10:00 am-2:00 pm every Thursday.

**Health Concerns:** Are there any health concerns staff should be aware of in working with your child (allergies/medications/etc) \_\_\_\_\_

### Emergency Contact Information:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Medical provider : \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance or Medi-Cal #: \_\_\_\_\_

I give permission for activity staff to seek medical treatment for my child.

Signed: \_\_\_\_\_

My child has permission to participate in the MKWC Youth Program. I understand that I release all liability for any loss, damage, or cost to my child that may incur in the event of injury or damage while participating in MKWC's Youth Program activities.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Private Vehicle Transportation:

I give permission for my child to be transported in approved private vehicles for local activities.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Please List Back to the Garden Classes you will be attending is sign-up is mandatory:**