

**Brokner Nature Center**  
**CONSENT FOR MEDICAL TREATMENT**

*The purpose of this consent form is to permit the treatment of minors who become ill or injured and seek medical care when the parents or guardians cannot be reached for the purpose of giving consent to such treatment. Although every attempt will be made to contact the appropriate person listed below, this form will allow the minor to be treated properly in the event that the appropriate person cannot be contacted.*

Minor's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Male/Female

Legal Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Tetanus Immunization up to date? Yes \_\_\_\_\_ No \_\_\_\_\_ Epi-pen Expiration Date: \_\_\_\_\_

Allergy restrictions (food or animal): \_\_\_\_\_

Medications being taken: \_\_\_\_\_

Are there any special learning or physical disabilities that apply to your child? Please explain. \_\_\_\_\_

Please provide any additional information we may need to insure your child has a fantastic experience! \_\_\_\_\_

*I hereby certify that I am the legal guardian of said minor. In the event of an injury or illness while under the supervision of Brokner Nature Center and prompt medical treatment is needed and all reasonable attempts have been made to contact me. I consent to the following:*

- 1. The transportation of the minor to a doctor's or dentist's office, hospital, clinic, or other medical facility if such action is deemed necessary by Brokner Nature Center staff.*
- 2. The administration of any and all medical treatment deemed necessary by a licensed physician or dentist.*
- 3. The transfer of the minor to a specialty hospital if such action is deemed necessary by the supervising physician or dentist.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Refusal to Consent for Medical Treatment**

I do not give my consent for medical treatment of said minor. In the event of illness or injury requiring emergency treatment, I wish that authorities at Brokner Nature Center take no action or to: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Consent for Bug Wipe Application**

I give my consent for bug wipe application of said minor to prevent mosquito bites during PEEP, HSNC, camp and/or other activities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Brokner Nature Center Photography and Media Release – please circle permission choice below**

I, \_\_\_\_\_, **give permission/do not give permission** to BNC to use photographs or video  
(parent's name)  
footage that include \_\_\_\_\_ in any BNC Media, on BNC's website or Facebook.  
(children's names)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_