



## Permission Form and Medical Waiver

(Everyone going on the voyage must complete this form, **front and back** and return, **signed on the reverse**, to the classroom teacher prior to the voyage. PLEASE PRINT)

Date of Trip: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last First Middle Initial

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Female \_\_\_\_\_ Male

Parent(s) or Guardian(s): \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Home Address: \_\_\_\_\_  
Street City State Zip

**PRIVACY NOTE: INFORMATION BELOW THE LINE WILL BE CUT FROM THE PAGE AND DESTROYED ONCE THE VOYAGE IS COMPLETE**

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### In an emergency, notify (only if parent/guardian is not available):

Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

### HEALTH HISTORY (All participants must complete the following)

Please check any allergies your child may have.

Allergies	Type of Reaction
Insect Stings _____	_____
Hay Fever _____	_____
Asthma _____	_____
Latex _____	_____
Other (Specify) _____	_____

**ALL RiverQuest PARTICIPANTS PLEASE READ AND SIGN BELOW.**

**This health history is correct so far as I know. I understand that participation in RiverQuest activities is entirely voluntary. I understand that the RiverQuest program involves boating. I know and understand the risks involved in the above-named activities and I know and understand that unanticipated events might arise. I hereby release RiverQuest (Pittsburgh Voyager, Inc.) from any responsibility for injury that might occur as a result of participation in RiverQuest activities.**

**I give permission for \_\_\_\_\_ to participate in all field experience activities except as noted. I also give permission to authorize personnel to carry out such emergency diagnostic and therapeutic procedures as may be necessary for my child and also permit such treatment procedures to be carried out at, and by the local hospital(s) for my child in the event of an emergency. I understand that any medical expenses will be billed directly to me or my insurance company.**



**Signature:** \_\_\_\_\_

Parent/Guardian or Adult Participant

\_\_\_\_\_ Date

I hereby grant, to RiverQuest (Pittsburgh Voyager, Inc), its assigns, and its legal representatives, and assign the irrevocable and unrestricted right to use and publish photographs of me (my child) or photographs in which I (they) may be included, for editorial purpose and in any manner and medium; to alter the same without restrictions; and to copyright the same. I hereby release RiverQuest (Pittsburgh Voyager, Inc.) and its assigns, photographer and his/her heirs, legal representative and successors from all claims and liability relating to said photographs.



**Signature:** \_\_\_\_\_

Parent/Guardian or Adult Participant

\_\_\_\_\_ Date

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Any specific activities to be encouraged, limited, or avoided:

\_\_\_\_\_  
\_\_\_\_\_

Other health related information for RiverQuest (Pittsburgh Voyager, Inc.) staff:

\_\_\_\_\_  
\_\_\_\_\_

Current medication: \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_  
(optional)

Physicians Phone Number: \_\_\_\_\_  
(optional)

Policy and /or ID Number: \_\_\_\_\_  
(optional)\_

Name of insurance company (if any): \_\_\_\_\_  
(optional)