

# EMERGENCY TREATMENT CONSENT FORM

**It is REQUIRED that you complete, sign and return this entire form.**

Acknowledging notification and agreeing not to hold Pelagic Beast II, LLC, its employees, officers, members and affiliates liable for accidents/health problems while participating in the children's fishing camp known as "Pelagic Kids Fishing Camp" offered by Pelagic Beast II, LLC. Your signature will also give permission for medical treatment if we cannot contact you.

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

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

Parent/Guardian Name: \_\_\_\_\_

Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Work: \_\_\_\_\_

If Parent/Guardian above cannot be contacted, please call:

**Emergency Contact 1:**

Name: \_\_\_\_\_ Home: \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**Emergency Contact 2:**

Name: \_\_\_\_\_ Home: \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**If I, \_\_\_\_\_ CANNOT BE REACHED, I GIVE PERMISSION FOR PELAGIC BEAST II, LLC, ITS EMPLOYEES, MEMBERS, AND AFFILIATES TO ACT ON MY BEHALF IN AN EMERGENCY SITUATION.**

Name of Physician: \_\_\_\_\_

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

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

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

***PELAGIC BEAST II LLC DOES NOT HAVE INDIVIDUAL HEALTH INSURANCE. YOUR PERSONAL INSURANCE PLAN SHOULD COVER YOUR CHILD WHILE ON BOARD OR DURING ANY PELAGIC BEAST II, LLC ACTIVITY.***

## HEALTH INFORMATION

*This form will accompany your child if transported to the hospital.*

1. Does your child take any medication?

Yes

No

If yes, please list all medications and dosages:

2. Has your child had any health issues, for example anaphylactic allergic reaction, asthma, diabetes, surgeries, or any other health concerns?

Yes

No

If yes, please explain:

3. Has your child had anaphylactic allergic reaction that requires them to carry an EPI Pen?

Yes

No

If yes, please fill out the EPI Pen Administration Form on the following page.

### **\*\*\*PERMISSION FOR MEDICAL TREATMENT\*\*\***

Pelagic Beast II, LLC, its employees, members and affiliates have my permission in an emergency when my physician or I cannot be contacted to administer care and treatment for my child, including care and treatment for injuries, illness and administration of medication. The company representatives may hospitalize/ or secure proper treatment for my child in case of medical emergency, if in their best professional judgement, further delay might jeopardize the welfare of my child. I give permission to release pertinent medical information to Pelagic Beast II, LLC, employees, members, and affiliates on a need to know basis period. I give permission to release information from my child's medical file to a doctor's office or hospital, including by fax if necessary, in order to facilitate proper medical care.

Parent/Guardian Signature: \_\_\_\_\_

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

# EPIPEN ADMINISTRATION AUTHORIZATION FORM

I, \_\_\_\_\_ am the parent/guardian of \_\_\_\_\_, who has been diagnosed as having a severe allergy and has been prescribed an epinephrine auto injector by a qualified healthcare professional. I hereby request and authorize all employees, officers, members, and affiliates of Pelagic Beast II, LLC to administer, attempt to administer or allow my child to self-administer an epinephrine auto injector as directed by my healthcare provider. I am aware that it may be necessary for the injection to be administered by an individual other than a trained healthcare professional, and specifically consent to such practices. I agree to release, indemnify, and hold harmless, Pelagic Beast II, LLC and all employees, officers, members, and affiliates from law suit, claims, demand, or action against them for the administration or self-administration of the epinephrine auto injector prescribed for this child. I understand that emergency authorities will be called when an epinephrine auto injector is administered, whether or not the child manifests any symptoms, or anaphylaxis.

Child Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

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