

**The Harriers**

*nhyoungbirders.org*



**NH Young Birders Club**

*nhyoungbirders@gmail.com*

**Field Trip Permission Form**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

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

State \_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent's Cell Phone \_\_\_\_\_ Student's Cell \_\_\_\_\_

Student's Email \_\_\_\_\_ Parent's Email \_\_\_\_\_

Who will generally be driving the student to and from these events? (Check all that apply.)

- Parent
- Student Himself/Herself
- Other

Other (please explain relationship to student):

\_\_\_\_\_

By signing below, I hereby give permission for the young birder named above to participate in the field trips of New Hampshire's Young Birders Club (NH-YBC) during 2014. I assume all risks and hazards incidental to the activities of the event and transportation to, from, and during the event. I further release, absolve, indemnify, and hold harmless the New Hampshire Young Birders Club, Squam Lakes Natural Science Center, and all organizers, sponsors, leaders, chaperones, and supervisors of the event. In case of injury, I hereby waive all claims against all organizers, sponsors, leaders, and supervisors. I likewise release from responsibility any person who, with my permission, transports my child to, from, and during the scheduled activities.

Name of parent or legal guardian (please print): \_\_\_\_\_

Signature of parent or legal guardian: \_\_\_\_\_ Date \_\_\_\_\_

Trip information available at *www.nhyoungbirders.org*. Also watch for email updates!  
 Student must confirm attendance & transportation information by registering via email.

*Note: Parents are encouraged to participate in field trips and other NH-YBC activities!*  
**QUESTIONS? Email Harriers' Coordinators at [nhyoungbirders@gmail.com](mailto:nhyoungbirders@gmail.com)**

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### Carpooling Release Form

Young Birder's Name \_\_\_\_\_

While most of the Harriers' birding and exploring can take place on foot, transportation by car will inevitably be involved. Members will have to drive or be driven between home and Young Birders Club's destinations, and in some cases they may need to drive or be driven *between birding sites during the outing itself*. For this reason, YBC coordinators do their best to arrange carpooling opportunities for YBC members whenever possible.

You, as a parent or guardian of a YBC member, are always welcome and encouraged to attend Harriers events with your child. If you choose not to attend, please advise us below as to your preferences for your child. By checking either the second or third box below, you hereby release the designated YBC Coordinator, Volunteer, or parent/guardian of a YBC member from liability in case of an accident involving a vehicle in which your child is riding.

*All possible precautions must and will be taken to ensure the safety of your child and all YBC members at all times!*

- I do not wish my child to be driven in a vehicle by anyone other than his/her parent or guardian present at a Harriers event.
- I grant permission for my child to be driven in a vehicle driven by a YBC Coordinator when necessary **during the course of** a Harriers event.
- I grant permission for my child to be driven in a vehicle driven by a YBC Coordinator or guardian of another YBC member when necessary **during the course of** a Harriers event.

For your convenience, you may decide to allow your child to attend a YBC event without your supervision. In this case, carpooling may be arranged **to and/or from** the event. Please inform us of your preference by checking one of the boxes below.

- I do not wish my child to be driven to or from a YBC event in a vehicle by anyone other than his/her parent or guardian.
- I allow my child to ride in a vehicle driven by a YBC Coordinator, volunteer, or guardian of another YBC member **to and/or from** a YBC event. I must first grant permission (verbal or written) for each event to which my child is carpooling.

Name of parent or legal guardian (please print): \_\_\_\_\_

Signature of parent or legal guardian: \_\_\_\_\_ Date \_\_\_\_\_

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**Emergency Medical Authorization Form, 2014**

(To be submitted ONCE PER YEAR for each calendar year. Please print.)

There may be times during a NH-YBC event when minors become separated from their parents. This form is to enable parents and guardians to authorize the provision of emergency treatment for minors who become ill or injured when parents or guardians cannot be reached.

Student Last Name: \_\_\_\_\_ First: \_\_\_\_\_

**Part I – Contact Information.**

Student Birthdate \_\_\_\_\_ Phone1: \_\_\_\_\_

Residential Parent or Guardian:

Mother's Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Phone1: \_\_\_\_\_ Phone2: \_\_\_\_\_

Father's Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Phone1: \_\_\_\_\_ Phone2: \_\_\_\_\_

Other's Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Phone1: \_\_\_\_\_ Phone2: \_\_\_\_\_

Name of Relative or other secondary emergency contact:

Last: \_\_\_\_\_ First: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone1: \_\_\_\_\_ Phone2: \_\_\_\_\_

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

**Part II – To Grant Consent.**

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor \_\_\_\_\_

Phone \_\_\_\_\_

Dentist \_\_\_\_\_

Phone \_\_\_\_\_

Medical Specialist \_\_\_\_\_

Phone \_\_\_\_\_

Local Hospital \_\_\_\_\_

Emergency Room Phone \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the above named doctor, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical options of two other licensed physicians or dentists, concurring in the necessity of such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child’s medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

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

**Part III – Refusal to Consent.**

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring medical treatment, I wish NH-YBC authorities to take the following actions:

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

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

Parent/Guardian’s Address \_\_\_\_\_

\_\_\_\_\_

SCAN & EMAIL to: [nhyoungbirders@gmail.com](mailto:nhyoungbirders@gmail.com)

or MAIL completed form to: NH Young Birders Club, 178 Willard Pond Rd., Hancock, NH 03449

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***Consent to Use of Photographs***

Young Birder's Name \_\_\_\_\_

*From time to time throughout the year, an occasion may arise where we would like to publish a photo of the young birder named above in the newspaper, Harriers website, Facebook page, newsletter, or newsletter of our affiliated organizations. By signing below you are giving us permission to publish such photographs.*

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

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