

Mille Lacs Band of Ojibwe
Family Violence Prevention Program
Emergency Contact Form

First Name, Middle Initial, Last Name

Birthdate

Address

City, State

Zip Code

Home phone

Work/Cell Phone

First & Last Name of Parent/Guardian

1st Emergency Contact Name & Phone Number

2nd Emergency Contact Name & Phone Number

Any Medical or Allergies that we should be aware of? Please List

Any Foods your daughter cannot eat? Please List

Anything else we should know about your daughter? Please List above

Signature of Parent/Guardian

Date

Mille Lacs Band of Ojibwe Family Violence Prevention
Consent Form

I, _____ voluntary consent for my child's

Parent/Guardian Full Name

Participation in the Mille Lacs Band of Ojibwe Family Violence Prevention Girl's Camp occurring at Camp Holiday Resort from June 11th-15th 2014. I attest that I am the parent and/or Legal Guardian of Minor Child:

(First & Last Name of Child)

And possess authority to make legal decisions on her behalf. I recognize that the planned camp does not represent an essential or necessary activity. I further recognize my ability to inquire about the meaning of this consent form and the incorporated releases that appear below.

PHOTO RELEASE

I understand that I am giving my permission to the Mille Lacs Band Family Violence Prevention Program Staff/volunteers to take my child's picture for the purpose of public awareness materials, the band newspaper, & community awareness material about sexual violence awareness and prevention. My contribution will not be used for any other purpose then those stated in this release unless I give my written permission. My child is participating without expectation of compensation and will only be acknowledged by first name if I check the box below.

Signature of Parent/Guardian

Date

I, _____ Do _____ Do NOT want my child to be acknowledged by name in written materials.

Medical Release

BY VOLUNTARY AFFIXING MY SIGNATURE BELOW, I HEARBY CONSENT TO THE PERFORMANCE OF MEDICAL TREATMENT, INCLUDING ASSOCIATED DIAGNOSTIC AND SURGICAL PROCEDURES, AS CONSIDERED NECESSARY BY AN ATTENDING HOSPITAL PHYSICIAN, UPON MY CHILD IN THE EVENT OF ILLNESS OR INJURY BEFALLING HER WHILE PARTICIPATING IN CAMP. I UNDERSTAND THAT THE MILLE LACS BAND FAMILY VIOLENCE PREVENTION STAFF WILL MAKE ALL REASONABLE EFFORTS TO CONTACT ME OR MY EMERGENCY CONTACTS SHOULD IT SEEK HEALTH CARE ON BEHALF OF MY CHILD. I FUTURE UNDERSTAND THAT I SHALL REMAIN LIABLE FOR ALL COST INCURRED IN RELEATION TO THE PROVISIONS OF MEDICAL TREATMENT, INCLUDING AMBULANCE CHARGES, IF DEEMED REASONABLY NECESSARY UNDER THE CIRCUMSTANCES BY THE MILLE LACS BAND FAMILY VIOLENCE PREVENTION PROGRAM STAFF.

Signature of Parent/ Legal Guardian

Date

LIABILITY RELEASE

BY VOLUNTARY AFFIXING MY SIGNATURE BELOW, I HEARBY RELEASE, WAIVE AND DISCHARGE THE MILLE LACS BAND OF OJIBWE, INCLUDING ANY OF IT'S SUB-ENTITITIES, AND ANY AND ALL OF IT'S OFFICERS, AGENTS, EMPLOYEES, REPRESENTATIVES, OR VOLUNTEERS (COLLECTIVELY, "MILLE LACS BAND") FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS AND ACTIONS ARISING OUT OF OR RELATED TO ANY LOSS, DAMAGE, OR INJURY, INCLUDING DEATH, THAT MAY BE SUSTAINED BY MY CHILD, AS A RESULT OF THE NEGIGENCE OF THE FOREGOING ENTITIES AND/OR INDIVIDUALS ENGAGED IN COORDINATING, FACILITING, AND/OR CONDUCTING WITH THE EVENT. I FURTHER AGREE TO DEFEND, INDEMIFY, AND HOLD THE MILLE LACS BAND HARMLESS AGAINST ANY CLAIMS ARISING OUT OF THE NEGLECT ACTS OF MY CHILD.

Signature of Parent/ Legal Guardian

Date