ACTIVITY PERMISSION and MEDICAL INFORMATION

Child/Children name(s): _____

Parent name: _____

ACTIVITY PERMISSION

We want you to be aware that all activities in a lake are potentially risky and could cause injury. We want parents to know in advance, and if necessary disallow, activities in which their child might have the opportunity to participate. Feel free to ask me about any activities which are not clear to you. Please review this list with your child so they know in advance of disallowed activities. Please check the boxes to indicate if your child has your permission to participate in the following watersports activities.

	YES	NO		YES	NO
Shallow water swimming without a life vest	☐	☐	**Deep water swimming without a life vest**	☐	☐
Solo Kayaking	☐	☐	**Kneeboarding**	☐	☐
Riding in a power boat	☐	☐	**Wakeboarding**	☐	☐
Riding on Inflatable Towable	☐	☐	**Waterskiing**	☐	☐

MEDICAL INFORMATION

Lake Cushman is 2 hours from Bainbridge Island and 45 minutes from Mason General Hospital in Shelton. There is a volunteer staffed fire station at Lake Cushman that responds to 911 medical emergencies. There is no cell phone coverage at Lake Cushman. We have a Qwest phone line at the cabin.

Emergency Contact phone: _____ Is Tetanus Vaccination current? YES ☐ NO ☐

List any allergies (e.g., food/insect/environment), medications, and/or medical instructions that either the Daltons or medical service providers should know about (if necessary, continue on the back of this page):

Please sign below to indicate that you authorize emergency medical services and treatment for your child(ren) as necessary:

_____ _____

Parent Signature Date