# Greater Fox River Valley Operation Snowball
# Parent Permission Form
# Fall 2017 Event: November 10, 11, and 12, 2017

Name (Print): _____

School: _____

I understand that Operation Snowball will provide transportation to Lorado Taft Field Campus, Oregon, Illinois on Friday morning and that I am responsible for the transportation home on Sunday. Teens will NOT be permitted to drive to camp. I understand that GFRVOS is not a treatment or recovery program. I agree to follow the camp guidelines and the direction of GFRVOS staff.

**Consent for Medical Treatment and Release of Liability**

I understand that first aid treatment will be available on site and, if necessary, the Participant will be taken to the nearest hospital if he/she requires further medical attention. I hereby consent to the giving of first aid treatment and medical treatment described in this paragraph. I acknowledge that I am responsible for any charges incurred in the treatment of the Participant at the nearest hospital and by any necessary physician. I also acknowledge that GFRVOS is not responsible for any medical bills incurred for any medical treatment provided to the Participant while he/she is attending the event.

For the consideration of participation at the GFRVOS event, I hereby release and hold harmless GFRVOS, the Kane County Regional Office of Education, its officers, volunteers or agents and any selected medical treatment personnel from any and all liability or damages including accidental injury or illness, which may result from the participant's attendance or transportation to/from said GFRVOS event. I understand that I will be notified in case of any problems or disruptive behaviors on my child's part and will assume full responsibility for them. I give permission for the Participant to be photographed and/or videotaped during attendance at the GFRVOS event and for the photographs and/or videotape to be used for publicity, promotional and fundraising purposes and posted on the GFRVOS website (www.gfrvos.org) without seeking payment for the use of such photos and/or videotape. I give permission for my personal information to be published in the Event Directory.

If I am taking any medications (including over-the-counter medications and vitamins), a Medication Information Form must be completed and this Form and ALL medications must be turned over to the staff nurse at the time of check-in on Friday morning. I understand that all medications must be in their original containers and clearly marked with the Participant's name.

I agree to have my child transported by GFVRVOS adult directors or another adult staff member as needed.

**FOR ADULT PARTICIPANTS ONLY:** I hereby authorize Kane County Regional Office of Education through the Greater Fox River Valley chapter of Operation Snowball (GFRVOS) to fingerprint me and conduct a background investigation and examine any criminal record that may pertain to me. I understand that certain criminal offenses may prohibit me from participating in this and other GFRVOS activities and events.

**Does the participant have: (please explain any item checked)**

____ Asthma ____Allergies

____ High Blood Pressure ____ Diabetes

____ Other conditions currently under medical care

**May we dispense:** Over-the-counter Cold Medications? Yes No

Over-the-counter Pain Relievers? Yes No

Cross out any pain relievers listed below that may ***NOT*** be dispensed:

Aspirin Tylenol Advil Motrin Aleve Midol

Participant's Signature:_____Date: _____

Parent/Guardian's Signature:_____Date: _____