

Waiver and Permission to Transport Child/Charge

Southern New Hampshire Area Health Education Center

Camper: _____
Event: Nursing Quest Summer Camp

I give permission for my child/charge ("child") to be transported in a motor vehicle to an event at the specified location on the date indicated. I understand that my child is expected to follow all applicable laws regarding riding in a motor vehicle and is expected to follow the directions provided by the driver and/or other adult volunteers. I understand that participation in the identified event is not a requirement for participation in the county or state 4-H youth development program.

I have read, understand, and discussed with my child that:

1. They will be traveling in a motor vehicle driven by an adult and they are to wear their safety-belt, if available, while traveling; (busses may not have seat belts)
2. They are expected to respect each other, vehicles that they ride in, and people that they travel with during the trip;
3. Riding in a motor vehicle may result in personal injuries or death from wrecks, collisions or acts by riders, other drivers, or objects; and
4. They are to remain in their seats and not be disruptive to the driver of the vehicle.

I recognize that by participating in this activity, as with any activity involving motor vehicle transportation, my child may risk personal injury or permanent loss. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity, and that I assume any expenses that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

As a condition for the transportation received, I, for myself, my child, my executors and assigns, further agree to release and forever discharge the Manchester Community College/Arlington Street Community Center and the Southern NH AHEC, and their agents, officers, employees and volunteers from any claim that I might have myself or that I could bring on my child's behalf with regard to any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of this transportation. I have read this entire waiver and permission form, fully understand it, and agree to be legally bound by its terms.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

DATE: _____

Student Name:

Address:

City, State, Zip

Telephone Number

Emergency Contacts

Contact No. 1

Name:

Address:

City, State, Zip

Telephone Number

Relationship to Employee

Contact No. 2

Name:

Address:

City, State, Zip

Telephone Number

Relationship to Employee

Nursing Quest Summer Camp Confidentiality Statement

As a participant in the Nursing Quest Summer Camp, sponsored by the Southern NH Area Health Education Center (AHEC), you may be involved with confidential patient information. Please be aware that you have the responsibility to safeguard the privacy of all patients and people you come in contact with during the camp.

Patient information is strictly confidential by law in NH. No information, record, or material concerning patients may be used, released, or discussed with anyone outside the medical facility or with other medical employees without proper authorization.

“I understand a patient’s right to privacy is protected by NH law. Failure to respect the confidentiality of patient information can result in punitive action and will be considered cause for my immediate removal from Nursing Quest Summer Camp.”

I, (print) _____, have read and understood the above rules and agree to abide by them. I understand that failure to abide by said rules may result in dismissal from the program.

Signature of Student Camper

Date

Signature of Parent/Guardian

Date



Southern
New Hampshire

Area Health
Education Center

128 State Route 27 Raymond, NH 03077
603-895-1514 Fax 603-895-1312

MODEL RELEASE (ADULT/MINOR)

For valuable consideration received, I hereby grant to Lamprey Health Care, the Southern New Hampshire Area Health Education Center (AHEC) program, the irrevocable and unrestricted right to produce and use photographs/videos of me, or in which I may be included, for editorial, trade, advertising, and any other purpose and in any manner and medium; to alter the same without restriction; to copyright the same, and without further compensation to me. I hereby release photographer/videographer and his/its' legal representation and assigns from all claims and liability relating to said photographs/videos.

Camper Name (print)

Date

Parent or legal guardian signature (if under the age of 18)

Phone

Address

City

State

Zip