

**Mobile Bay Audubon Society Young Birders Club Field Trip Permission Form**  
(required for all participants under age 18)

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

How will student get to and return from these events? (check all that apply)  Car  Public Transport.  Walk

Other (please explain):  
\_\_\_\_\_

If by car, who will be driving? \_\_\_\_\_ Relationship to student \_\_\_\_\_

**I hereby give permission for the above named young birder to participate in the field trips of the Mobile Bay Audubon Society Young Birders Club (MBAYBC), a program of the Mobile Bay Audubon Society. 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 Mobile Bay Audubon Young Birders Club, the Mobile Bay Audubon Society, 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 transporting my child to, from, and during the scheduled activities.**

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

*Email emmarhodes09@gmail.com for trip information. Student must confirm attendance & transportation information by registering via email.*

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

\_\_\_\_\_  
Relationship to student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address (if different from above)

\_\_\_\_\_  
Home/office phone (if different from above)

\_\_\_\_\_  
City, State, Zip (if different from above)

*Note: Parents are encouraged to participate in field trips and other MBAYBC activities!*

**Consent to Use of Photographs**

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 a newspaper, member club newsletter, MBAS website, or a similar publication. By signing below you are giving us permission to publish such photographs.

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

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

**QUESTIONS?**

Email MBAYBC's Adult Coordinators at info@mobilebayaudubon.org with the subject line "Young Birders Club"

**PLEASE SCAN & EMAIL with the subject line Young Birders Club to: info@mobilebayaudubon.org**

# MBAS/MBAYBC EMERGENCY MEDICAL AUTHORIZATION FORM

*(to be submitted ONCE PER YEAR with the field trip permission form for each calendar year - please print)*

There may be times during a MBAS or MBAYBC 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: \_\_\_\_\_

- Parent/Guardian check here if there is no change to information provided on an EMA form previously submitted to MBAS/MBAYBC; please provide your signature, address, and date at the bottom of this page.

## **Part I – Contact Information – must be completed if you have never submitted an EMA form to MBAYBC.**

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

### **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: \_\_\_\_\_

Address: \_\_\_\_\_ Phone2: \_\_\_\_\_

## ***Part II or III must be completed if you have never submitted an EMA form to MBAYBC.***

### **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 MBAS/MBAYBC authorities to take the following actions:

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

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

Parent/Guardian's Address \_\_\_\_\_