

Transportation/Medical Release

1. In the event that I need immediate medical attention for injuries or illness that may occur while participating in a FFL program, I authorize the FFL staff to give me reasonable first aid, and to arrange transport of myself to a health care facility for emergency services as needed. I understand that I may be asked to isolate myself or my family and may be asked to leave a program early if I display symptom of illness such as COVID-19.
2. I give permission for myself to be transported by FFL.
3. I also give permission for myself to enter Canada with FFL. I also understand that I will need to bring my passport to camp if the trip involves such travel to Canada.
4. I agree to the release of any records necessary for treatment, referral, billing, infectious disease tracking, or insurance purposes. FFL receives medical information on volunteers/participants that may need to be shared with medical providers, insurance carriers, or other governmental agencies as required.
5. If I require use and administration of an epi-pen, prescription or over the counter medication, it is my responsibility to ensure that the epi-pen and/or medication are on me or within my personal belongings every day of the program. If FFL staff is required to administer and use the epi-pen and/or medication, I agree to forever release and discharge FFL and its directors, officers, and employees from any and all liability arising out of or resulting from use or administration of the epi-pen and/or medication.