



PASADENA HUMANE

DATE: _____

Authorization for Emergency Treatment and Pick-up

I hereby give permission for Pasadena Humane to seek emergency medical treatment for _____, in case of accident
(CHILD'S NAME)

injury, or illness during Pasadena Humane's Animal Discoveries Summer Camp. It is understood that every effort will be made to contact me, or a person listed below before taking this action. I/We also understand that children will be involved with hands-on activities with a variety of animals at the shelter and the children are expected to adhere to basic safety measures that will be outlined with each and every child prior to handling.

I/We, the undersigned, understand that working with animals carries inherent risks that can result in accidents, injuries, illnesses, or even death. Further, I/we recognize that animals are ultimately unpredictable in spite of safety measures. I/we freely assume all risks and agree to release Pasadena Humane, its officers, agents, employees, and drivers from and against all claims for injury, loss, or danger to the undersigned.

Signature of Parent or Guardian

Parent or Guardian Name Printed

Signature of Camper

Camper Name Printed

In case of emergency, please call:

Parent or Guardian: Name (printed): _____

Home Phone #: _____ Cell Phone #: _____



PASADENA HUMANE

Alternative Contact:

Name (printed): _____

Relationship to camper: _____

Home Phone #: _____ Cell Phone #: _____

**People (other than parents) authorized to pick up camper or in cases of emergency
(will be required to show identification):**

1. _____

Phone: _____

2. _____

Phone: _____

3. _____

Phone: _____