

- Has this child completed a Hunter Safety Course? No Yes If yes, in which state? _____
 Certification #: _____ *** Please include a photocopy of the Hunter Safety Certificate.

Treatments and Availability

Is the child currently undergoing any regularly scheduled treatments? No Yes If yes, please describe schedule and frequency.

If approved, will the child and family be able to travel within 90 days? No Yes If **NO**, please explain. _____

Does the child have a Social Worker or Child Life Specialist? No Yes

Name: _____ Name of Clinic or Hospital: _____

Address: _____ City: _____ State: _____ Zip: _____

Waiver of Liability

If the child is approved for Kops and Kids Hunting and Fishing Club, will the parent/guardian be willing to sign a Waiver of Liability?
 No Yes (Copy available upon request)

Waiver of Photo Restriction

If the child is approved for Kops and Kids Hunting and Fishing Club, will the parent/guardian be willing to sign a Waiver of Release of Photos and grant permission to use same in the local News Media?
 No Yes (Copy available upon request)

**Information about you
 (the person completing this form)**

I am: (Check one below)

- The child's Parent or Guardian The child's Social Worker or Child Life Specialist
- A concerned friend or family member Other _____
- The child's attending physician or other healthcare professional

My name is: _____

I can be contacted at: (_____) _____

As the Guardian of the above Child I grant permission for the child to participate in the outdoor activities

 Printed Name Signature

Return this completed form to: Sheriff Bobby J. Guidroz, Kops and Kids Outdoor Activities, Inc.
 P. O. Box 417
 Port Barre, LA 70577

Please attach a separate sheet if there is anything else you want us to know about this application.