



MEDICAL & PARTICIPANT AUTHORIZATION FORM

45800 Calvin Crest Road, Oakhurst, CA 93644

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outdoor.school@calvincrest.com

Information on this form will be used to assist the staff/teachers. Your cooperation can help to ensure a quality experience for all participants. Only teachers/camp staff will access this information and they will not share it.

STUDENT LAST NAME: _____ FIRST NAME: _____ SEX: M F D.O.B.: ___/___/___

SCHOOL: _____ TEACHER: _____

PARENT/GUARDIAN 1: Name: _____ Relationship: _____

Daytime phone: (____) _____ Evening phone: (____) _____ Cell: (____) _____

PARENT/GUARDIAN 2: Name: _____ Relationship: _____

Daytime phone: (____) _____ Evening phone: (____) _____ Cell: (____) _____

IN CASE OF AN EMERGENCY – if you cannot be contacted, please give us the name of a friend or relative:

Name: _____ Relationship to student: _____

Daytime phone: (____) _____ Evening phone: (____) _____ Cell: (____) _____

THE FOLLOWING PERSON(S) ARE **LEGALLY RESTRICTED** FROM SEEING THIS STUDENT:

Last Name: _____ First Name: _____ Relationship: _____

Last Name: _____ First Name: _____ Relationship: _____

Transportation to/from this program will be provided by the school. No one will be authorized to remove the student from Calvin Crest grounds without prior approval made through the school site.

Health History (Please list dates of most recent occurrence for all that apply.)

ALLERGIES **MEDICAL CONCERNS**

Hay Fever _____ Ear Infections _____ Bleeding/Clot Disorder _____ Behavior Disorder _____
Plants _____ Mononucleosis _____ Hypertension _____ Nervous Disorder _____
Insects/Bees _____ Heart Disease/Defect _____ Menstrual Problems _____ ADD/ADHD _____
Food _____ Convulsions/Seizures _____ Asthma _____ (Chronic__ Seasonal__ Exercise Induced__)
Environmental _____ Does the student take asthma medication or inhalers? Yes No

Insulin dependent diabetic? Yes No If yes: Year of diagnosis: ____ Is the student able to give their own injections? Yes No

Is the student able to calculate and change dosage to compensate for exercise, etc.? Yes No

A parent or designated health professional may be necessary to administer injected medications.

Additional Allergy, Disability, Chronic or Recurring Illness, and/or Medical Condition(s) or explanation of checked above: _____

If needed, please attach a separate sheet to explain any conditions/concerns that could affect the student's health during the outdoor school program.

History of Surgeries (include type and date): _____

History of Hospitalizations (include type and date): _____

History of Medication Allergies (please include medication and reaction): _____

Dietary Modifications: _____ (See separate form.)

Activity Restrictions/Limitations: _____ (Contact school site.)

Immunization: Last Tetanus Shot (Given around ages 5 & 14): (Mo & Yr) ___/___ Are all immunizations up to date? Yes No Attach explanation.

Medications Is the student currently taking any medications? Yes No (If yes, see separate form and authorization.)

All prescription medications, over-the-counter medications, vitamins, and herbal products brought without doctor's written orders CANNOT be given to students at Calvin Crest. Only medication properly prescribed for the student will be given to him/her. All prescription medications, over-the-counter medications, vitamins, and herbal products **MUST be in ORIGINAL containers with labels and dispensing instructions** and must be turned into the Outdoor School designated personnel upon arrival. DO NOT SEND a week's supply of medication in a baggie or medication box. Individuals requiring injections must be accompanied by a parent or designated medical professional. One prescribed rescue inhaler and/or epinephrine auto-injector may be kept by the student if the proper paperwork is provided.

Other Information To help us deal tactfully with students, please let us know if your child: Wets the bed Sleepwalks Has night or sleeping problems Is prone to homesickness Has had recent changes/trauma which may impact emotional, physical or mental well-being

Females only: Has started menstruating? Yes No If yes, is menstrual history normal Yes No If no, has she been told about it? Yes No Explanation, if any: _____

Health Insurance Information (Used in Case of Emergency): Is the student covered by medical/hospitalization insurance? Yes No

If yes, Name of Insurance Company: _____ Primary Policy Holder Name: _____

Policy Holder ID: _____ Policy Holder D.O.B.: ___/___/___ Relationship to student: _____

Policy Holder Address: _____ Phone: (____) _____

Student Insurance ID: _____ Student Date of Birth: ___/___/___

If needed for treatment, please provide the pre-authorization phone number: (____) _____

PARENTAL STATEMENTS, PERMISSION, AND RELEASE: I give my informed consent to the First Aid personnel assigned by Calvin Crest who are certified in a minimum of CPR and First Aid by a nationally recognized provider in accordance with ACA standard HW-1 to provide basic First Aid and comfort measures through standardized camp treatment procedures. I understand that it is my responsibility to make arrangements for a student with greater health care needs than the First Aid personnel can provide within their certifications, licenses, and scopes of practice. I authorize Calvin Crest to arrange for or provide any necessary related transportation to the nearest medical facility for urgent or emergency medical treatment, and I do assume all responsibility for payment for such treatment. I hereby give permission to any physician selected by Calvin Crest to secure and administer any and all medical treatment deemed necessary for my child, including urgent care or hospitalization.

I authorize the use of the following generic, over-the-counter medications as directed by the labels provided by the manufacturer and the Outdoor School designated personnel providing standard procedures for my child: antibiotic ointment, hydrocortisone cream, burn cream, petroleum jelly, chapped skin/lip treatment, antiseptic skin and wound cleansers, analgesic balms and gels. I will contact Calvin Crest with objections prior to the start of the program. I understand that these are stocked and dispensed by the First Aid personnel free of charge as needed for the comfort of my child.

Calvin Crest hereby acknowledges that it will seek to take certain safety measures to help prevent, as best it reasonably can, infection or spread of Covid-19. Such safety measures include the following: cleaning and disinfecting publicly used spaces, wearing gloves when cleaning and disinfecting, maintaining social distancing from its employees, visitors, and guests, and wearing face masks when in the company of guests. Calvin Crest will stay apprised of any recommendations of the CDC and will consider action accordingly. Further, Calvin Crest may remove any safety measures listed herein once the CDC or the United States, state, or local governments deem such measures are no longer necessary. I acknowledge that I will also take certain safety measures including: ensuring that I do not have any symptoms of Covid-19 prior to entrance onto or use of Calvin Crest's facilities and premises, use of handwashing and hand sanitizer on a regular basis while on the Calvin Crest premises, maintaining social distancing, and proper use of face masks when in the company of others. In the event that the CDC recommends additional safety measures, I agree to pursue utilization of such safety measures.

I have requested Calvin Crest to allow my child to participate in any and all activities that may include but are not limited to those listed on the website. As a condition of receiving this benefit, I do hereby agree to the following: I understand that my child's participation in these activities can expose him/her to dangers both from known and unanticipated risks. Acknowledging that such risks exist, I on behalf of myself, my child and any other party who may have the right to assert any rights for or on behalf of my child, do hereby forever release and discharge, indemnify and hold harmless Calvin Crest, its affiliates, officers, directors, agents, employees, insurers, successors in interest, attorneys, or any other person or persons associated with any or all of them who might be liable (the "Released Parties") from and against any and all claims, causes of action, actions, suits, demands, losses, damages, expenses, costs or liability (collectively, "Losses") arising from or in connection with my child's participation in Calvin Crest Outdoor School and its activities, including Losses arising from the negligence of any of the Released Parties, whether such Losses arise in connection with bodily injury (including death), property damage or otherwise (collectively, the "Released Claims"). The Released Claims include Losses arising out of any condition of the premises at which the camp activities are held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned.

I further understand and acknowledge that I make this release in full accord and satisfaction of and in compromise of any and all Released Claims. I represent and acknowledge that I have read and understand this form and the release granted above and warrant that all statements made herein are true to the best of my knowledge.

- For medications administered by Outdoor School staff: I will be responsible for notifying Calvin Crest of any new medication information regarding this student. I realize that if my child's medications change between now and the date of Outdoor School, it is my responsibility to report such to Calvin Crest.
- I understand that Calvin Crest is located in a remote mountain region and that emergency care, even by ambulance, can take as long as 90 minutes. The student has no current condition that would warrant closer emergency care.
- I understand that Calvin Crest assumes no responsibility for students who leave Calvin Crest grounds for any reason other than programmed activities.

I give permission for the use of images, audio, or video recordings including my child to be used in publicity including Calvin Crest website, internet sites (including social media), newsletter, or brochure promoting or reporting Calvin Crest.

I have read and understand this entire form and by signing below agree to the terms herein:

Signature of Parent or Legal Guardian: _____

Print Name: _____ **Date:** _____

To NOT grant consent for medical treatment, please sign below AND contact the school site and Calvin Crest.

I do not give my consent for emergency medical treatment for my child. In the event of any injury or illness requiring emergency treatment, I wish Outdoor School personnel to take no action or to follow the attached instructions (which I have also communicated verbally).

Signature of Parent or Legal Guardian: _____ Date: _____

Printed name: _____ Phone: _____