



# MEDICAL & PARTICIPANT AUTHORIZATION FORM

45800 Calvin Crest Road, Oakhurst, CA 93644

559.772.4040

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.

## Adult cabin leaders may use this form. Cabin leaders under the age of 18 should use the same form as participating students.

ADULT CABIN LEADER LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ SEX:  M  F D.O.B.: \_\_\_/\_\_\_/\_\_\_  
SCHOOL: \_\_\_\_\_ TEACHER: \_\_\_\_\_

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

**EMERGENCY CONTACT:** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime phone: (\_\_\_\_) \_\_\_\_\_ Evening phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

**EMERGENCY CONTACT 2:** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime phone: (\_\_\_\_) \_\_\_\_\_ Evening phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

**Health History** (OPTIONAL. For use in emergency situations only.)

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 participant 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 participant able to calculate and change dosage to compensate for exercise, etc.?  Yes  No *Must be able to administer their own injections.*

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 participant currently taking any medications?  Yes  No (If yes, please list below, with dosage.)

**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.** Adults may administer their own medications.

**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 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, 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: 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.

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 infectious disease. Such safety measures may 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 communicable diseases 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, and where appropriate, 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 me 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 participation in these activities can expose me to dangers both from known and unanticipated risks. Acknowledging that such risks exist, I on behalf of myself, 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 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. I realize that if my 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 me 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 Participant:** \_\_\_\_\_

**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. 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 Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_ Phone: \_\_\_\_\_



Food Services  
 foodservices@calvincrest.com  
 559.772.4040

If you are attending a camp or event at Calvin Crest and have a food allergy, dietary need, or food restriction, please complete and return this form two weeks prior to your arrival date. Use additional pages if needed.

**PLEASE NOTE: Calvin Crest is able to accommodate most food allergies, dietary needs, and food restrictions, including: peanut/nut allergies, vegetarian diets, lactose and gluten intolerances.**

Our Food Services team is available to answer any questions regarding diets and menus:  
 foodservices@calvincrest.com; 559.772.4040

Camper/Student/Participant Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent/Guardian Name (if under 18 years old): \_\_\_\_\_

School/Group/Camp Name: \_\_\_\_\_ Dates of Event: \_\_\_\_\_

Food Allergies or Medical Dietary Needs	Non-Allergy, Non-Medical Dietary Restrictions
<p><b>Please list any food allergies or dietary needs due to a medical condition identified by a doctor:</b>            Examples: Peanut allergy, Celiac Disease.</p>	<p><b>Please list any <u>non-allergy, non-medical</u> dietary restrictions:</b>            Examples: Vegetarian diet, non-Celiac gluten free.</p>
<p>Please list necessary precautions and/or substitute food options:</p>	<p>Please list food substitutes that may be considered:</p>
<p><b>To help us better understand your allergy, please check one:</b></p> <p><input type="checkbox"/> Consumption (Allergic reaction occurs when the individual eats the allergen.)</p> <p><input type="checkbox"/> Contact/Environmental (Allergic reaction occurs when the individual comes in contact with the allergen.)</p> <p><input type="checkbox"/> Not sure</p> <p><b>If you have been prescribed an epinephrine auto-injector, please check here:</b> <input type="checkbox"/></p>	

## CALVIN CREST OUTDOOR SCHOOL SUGGESTED CLOTHING AND EQUIPMENT LIST

The weather at Calvin Crest is often unpredictable, ranging from warm, sunny days to very cold, wet evenings. During some weeks we are certain to have rain and snow. Since we spend time outdoors regardless of weather, it is very important for students to be well prepared for a variety of conditions - the forecast for Fish Camp, CA is usually close. Some items may be available for loan from the school site or Calvin Crest: please contact your teacher with questions.

### **WHAT TO BRING TO CALVIN CREST:**

- Sleeping bag (or sheets and 2 blankets) and pillow
- Shoes (at least 2 pairs of comfortable, closed-toe shoes – tennis shoes are fine, boots are great for cold, wet weather)
- Socks (thick and warm in winter; minimum of 5 pairs, more are desirable and recommended)
- Warm clothing (nights are often chilly, days can be cold)
- Sturdy pants (minimum of 3 pairs of jeans or rain or snow pants in winter; shorts are *not* allowed during classes)
- Shirts (minimum 1 per day)
- Underwear (minimum 1 per day)
- Warm jacket
- Sweatshirt/sweater
- Towel and washcloth
- Toiletries (soap, shampoo, toothpaste, toothbrush, deodorant, etc.)
- Rain gear (rubber boots and ponchos recommended; boots and ponchos are available to borrow)
- Sunglasses
- Chapstick
- Refillable water bottle, canteen, or hydration pack – **ESSENTIAL!**
- Plastic garbage bag for dirty clothes

### **WHAT IS OPTIONAL TO BRING TO CALVIN CREST:**

- Non-phone camera with fresh batteries (and extra film if your camera is not digital)
- Flashlight with fresh batteries
- Spending money if the school has decided to use the store (see our website for costs of items in the store)
- Hat or cap (warm hats or beanies are very helpful in cold temperatures; hats with brims are helpful in sunny conditions)
- Gloves or mittens during the winter
- Writing materials (paper, pen, pencil, stamps, envelopes, etc.)
- Umbrella for rainy weather
- Hair dryer (*Due to potential fire hazard, curling irons and straighteners are not acceptable.*)
- Watch or alarm clock
- Binoculars
- Suggested for Cabin Leaders: Travel mug, watch and alarm clock

### **WHAT NOT TO BRING TO CALVIN CREST:**

- CELL PHONES**, video games, MP3 players/iPods, CD players, radios
- Gum, candy, food of any kind (exceptions for diabetic students - dietary needs should be arranged in advance)
- Aerosol sprays (including deodorants, bug sprays, and sunscreens)
- Sandals, open-toed shoes (except sandals brought to be worn in the shower - optional)
- Valuables (expensive jewelry, cameras, etc.)
- Tobacco products, drugs, alcoholic beverages (\*\*see below)
- Pocket knife or weapons OF ANY KIND (\*\*see below)

**\*\*IF ANY STUDENT OR CABIN LEADER is caught with a weapon, or illegal substances in his/her possession: the weapon/substance will be confiscated and the Madera County Sheriff's Department will be contacted. The individual will be removed from Calvin Crest and may be arrested and prosecuted, as it is against the law to have a weapon or illegal substance on a school site.**

\*All clothing and equipment should be marked with the student's name. Calvin Crest is not responsible for lost or stolen belongings.