

Student Name \_\_\_\_\_ School \_\_\_\_\_ Teacher \_\_\_\_\_

## **Mount Hermon Outdoor Science School Health Emergency Information Form**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Student Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Father's Work Phone ( ) \_\_\_\_\_ Father's Cell Phone ( ) \_\_\_\_\_

Mother's Work Phone ( ) \_\_\_\_\_ Mother's Cell Phone ( ) \_\_\_\_\_

### **EMERGENCY CONTACT**

Name \_\_\_\_\_ Relation \_\_\_\_\_ Email \_\_\_\_\_

Day Phone ( ) \_\_\_\_\_ Eve. Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

### **PARENT/GUARDIAN AGREEMENT**

**Please initial, fill in blanks where applicable and sign at the bottom.**

Initial ▼

\_\_\_\_\_ I am aware that, at the discretion of the Science School Director, I will need to pick up my child due to medical or disciplinary reasons.

\_\_\_\_\_ I agree to be responsible for picking up my child. M.H.O.S.S. policy is that in the event that a child needs to be sent home for any reason, no amount of the paid fees will be refunded if my child has attended the Outdoor Science School program for 24 hours or more.

**Medical Care** \_\_\_\_\_ **(Initials)**

I, an adult participant or the parent/guardian of a minor participant, authorize Mount Hermon Association, Inc. to provide or obtain for me such medical care as it considers necessary and appropriate, and I agree to pay all costs associated with such care and transportation. Mediation or Lawsuit: Any dispute between a Released Party and participant or parent/guardian will be governed by the laws of the State of California, and any mediation or suit shall take place only in that State in the County of Santa Cruz.

### **Medication Agreement**

Note: By law, all Prescriptions and Over The Counter medications must be kept in the original container and will be kept by the Nurse in our 24 Hour 1<sup>st</sup> Aid facility, NOT in the child's cabin. Please give any and all medications to the teacher in its Rx or OTC container in a Ziploc bag labeled with the child's name and school—DO NOT put any medication in the child's luggage, as the child will miss part of the orientation when they have to retrieve it. A certified teacher will be available at all times during the week to dose any PRN (as needed) medication. Each day the Outdoor Science School Nurse will dose the Breakfast, Lunch, Dinner and Hour of Sleep medications for students with regular medications. Please contact your child's teacher for further information regarding our 24 Hour 1<sup>st</sup> Aid facility.

Are you sending any **Prescription (Rx)** or **Over The Counter (OTC)** meds for your child to Science School?  Yes  No  
**(Please circle: Rx OTC or Both)**

Note: If bringing Rx meds, you will need to fill out the Prescription Medication Form. Also, instead of sending any of the four OTC medications listed below—per your approval, know that we have a student supply of these in the 24 Hour 1<sup>st</sup> Aid facility.

\_\_\_\_\_ I give permission for the School Teacher or the O.S.S. Nurse to give my child the following OTC medications determined by weight, in case of illness or allergy (we are well stocked with these four OTC meds—DO NOT send them with your child):

\_\_\_\_\_ 1. The correct dosage of Tylenol or equivalent (acetaminophen)  Yes  No

\_\_\_\_\_ 2. The correct dosage of Advil or equivalent (ibuprofen)  Yes  No

\_\_\_\_\_ 3. The correct dosage of Sudafed or equivalent (pseudoephedrine HCL)  Yes  No

\_\_\_\_\_ 4. The correct dosage of Benadryl or equivalent (diphenhydramine)  Yes  No

\_\_\_\_\_ I give permission for the Outdoor Science School to obtain qualified medical or surgical assistance in case of an injury or illness to my child. (Parent/Guardian will be contacted as soon as possible in the event of an emergency.)

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mount Hermon Outdoor Science School**  
**Health Emergency Information Form**

Page 2 of 2 (+ 3: Prescription Medication Form if applicable.)

**2. Fill out completely. Please explain questions with an asterisk (\*) in space below. If an "In Past" is marked, please put a date next to it.**

**Medical Conditions**

- Bleeding/Clotting Disorder\*  Yes  No  In Past
- Asthma (State Severity)\*  Yes  No  In Past
  - o Inhaler  Yes  No  In Past
- Ear Trouble\*  Yes  No  In Past
- Eye Trouble\*  Yes  No  In Past
- Stomach Aches  Yes  No  In Past
- Tuberculosis  Yes  No  In Past
- Bronchitis  Yes  No  In Past
- Diabetes\*  Yes  No  In Past
- Kidney Disease\*  Yes  No  In Past
- Heart Defects\*  Yes  No  In Past
- Immune-Compromised\*  Yes  No  In Past
- Psychiatric Treatment\*  Yes  No  In Past
- Seizures/Epilepsy\*  Yes  No  In Past
- Sleepwalking  Yes  No  In Past
- Bedwetting  Yes  No  In Past
- Carsickness  Yes  No  In Past
- Menstrual Issues\*  Yes  No  In Past
- Other Medical Conditions\*  Yes  No  In Past

Other Diseases\*  Yes  No  In Past

**Allergies (State severity below.)**

- Hayfever\*  Yes  No  In Past
- Poison Oak\*  Yes  No  In Past
- Any Topical Application\*  Yes  No  In Past
- Medication Allergies\*  Yes  No  In Past
- Bees (State Severity)\*  Yes  No  In Past
- Insects (State Which)\*  Yes  No  In Past
- Nuts (State Which)\*  Yes  No  In Past
- Latex\*  Yes  No  In Past
- Other\*  Yes  No  In Past
- o Carry Epi Pen for any?\*  Yes  No  In Past

Note: If your child carries an epi pen, please send 2 epinephrine kits with your child. Both will be returned.

Last Tetanus Shot Date\_\_\_\_\_/\_\_\_\_/\_\_\_\_ Last Physical Exam Date\_\_\_\_\_/\_\_\_\_/\_\_\_\_

**\*Please explain severity** and/or any conditions, diseases or allergies marked "Yes" \_\_\_\_\_

**3. Do you consider your child to be in good health generally?**  Yes  No

**4. Are there any restrictions on your child's physical activity?**  Yes  No

Does your child have permission to go swimming?  Yes  No \_\_\_\_\_ Initial

(3 and/or 4) Please describe if so \_\_\_\_\_

**5. Does your child have any severe food allergies? Please list** \_\_\_\_\_

**6. Does your child have any food restrictions (i.e. vegetarian/vegan/religious) or moderate food allergies? Please list** \_\_\_\_\_

Note: The kitchen will do its best to provide for special food needs. However, if your child has extensive dietary needs, please contact your teacher and research the menu as you may need to make food preparations and send them for your child's week at O.S.S.

**Insurance Information**

**\*A front and back copy of parent's insurance card must be included with this form.\***

Name of Insurance Company \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Claims Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Group/Policy Number \_\_\_\_\_ Circle One: HMO PPO or Other: \_\_\_\_\_  
Name of Insured \_\_\_\_\_ Name of Child \_\_\_\_\_  
Name of Physician \_\_\_\_\_ Medical Facility \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**If no Insurance or Health Care Plan exists, please read and sign below.**

I authorize payment of any medical fees to physician or supplier for services described on any attached statements. I hereby authorize any physician who has attended my child or may attend him/her or any hospital where s/he may have been seen as a patient, or any other individual or association who may have given him/her medical treatment or supplies, to disclose any information thus acquired to the Hartford Life and Accident Insurance Company. My consent is hereby granted to use this original or a photo static copy as equally valid authorization.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*Please read this document carefully. It must be signed by all Mount Hermon Outdoor Science School Participants and Cabin Leaders. If the participant is a minor, at least one parent or guardian must also sign as evidence of their agreement to these terms and conditions on their own behalf and on behalf of the minor.*

1. I acknowledge that I have voluntarily applied to participate in the Mount Hermon Outdoor Science School program operated by Mount Hermon Association, Inc. which can be a physically demanding and/or challenging program. Students may participate in standard Outdoor Science School activities with manageable medical conditions. However, if I am participating in the Redwood Canopy Tour Zip-line, I do not have any medical conditions which might create an unsafe risk to myself or others who are participating in this activity with me.

**2. Acknowledgement of Risks**

I understand that the Mount Hermon Outdoor Science School at Mount Hermon may expose participants to certain risks. The activities require moderate physical exertion and may be conducted at heights up to 150 feet (Redwood Canopy Tour Zip-line). Among the hazards and risks of the activities and use of the premises and equipment are the following: falls; collisions; abrupt and possibly harmful contact with structures, objects and persons; anxieties and fears associated with heights; close contact with other people; coordination and misjudgments on the part of participants; the failure of structures or equipment; and the unpredictable forces of nature. Participants may experience increased heart rate and other symptoms of anxiety and stress due to physical exertion, reliance on other participants, a fear of height, or of unprotected falling, loss of balance, coordination and misjudgments, including failure to follow procedures and instructions, physical or mental or psychological stress, fatigue, chill and /or dizziness which may diminish reaction time and increase the risk of an accident. Injuries associated with participation may include breaks, sprains, bruises, and in extreme cases, emotional upset, anxiety and even death. Participants acknowledge that the description of risks is not complete and that other unknown or unanticipated risks may result in injury, illness or death. Participants acknowledge that this program is purely voluntary, and with full knowledge of the inherent risks of the activities.

**3. Assumption of Risks**

I understand that participation in the Mount Hermon Outdoor Science School entails certain risks. I am voluntarily participating in this program with knowledge of the risks involved. I hereby accept any and all risks of injury or death to myself or any minor children for which I am responsible, arising out of or in any way connected with the use of the program, the Mount Hermon Adventure facilities, and/or one of affiliated organizations of Mount Hermon Association, Inc.

**4. Release and Indemnity**

As consideration for being permitted to participate in the Mount Hermon Outdoor Science School, I hereby agree that I, my assignees, heirs, and/or as the parent/guardian of a minor participant, will release and hold harmless and not bring any claim or legal suit against Mount Hermon Association, Inc., its directors, managers, officers, agents, employees and volunteers or its affiliated organizations or the supplier of any of the equipment used in the activity ("Released Parties"), for any and all claims of injury, disability, death or other loss or damage to person or property suffered by me or my minor child arising in whole or in part from participation in this program, both foreseeable or unforeseeable.

In addition, I agree TO INDEMNIFY (that is, defend and satisfy by payment or reimbursement, including costs and attorney's fees) Released Parties from any claim of loss, injury or death, brought on by myself or my child against another co-participant. These agreements of release and indemnity include loss or damage caused or claimed in whole or in part by the negligence of a Released Party, but not intentional wrongs or the gross negligence of a Released Party.

**I HAVE CAREFULLY READ THIS VOLUNTARY PARTICIPATION AGREEMENT FORM AND PARTICIPANT REQUIREMENTS AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY IN WHICH I AM GIVING UP IMPORTANT LEGAL RIGHTS AND A CONTRACT BETWEEN MYSELF AND MOUNT HERMON ASSOCIATION, INC. AND/ OR ITS AFFILIATED ORGANIZATIONS, AND SIGN IT OF MY OWN FREE WILL.**

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**Print Parent/Guardian Name** **Signature** **Date**

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**Print Student Participant Name** **Signature** **Date**