



STUDENT HEALTH FORM

Cherry Cove

Fox Landing

Toyon Bay

School: _____
Tall Ship

Student Name: Last: _____ First: _____ Gender: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Parent/Guardian: _____ Cell Phone: _____ Work Phone: _____
 Work Place: _____ Address: _____ City: _____ State: _____ Zip: _____
 Height _____ Weight _____ Student Age: _____ Student Date of Birth: _____

Emergency Contact: _____
 Address: _____
 City: _____ State: _____
 Phone: _____
 Relationship to Student: _____

Health Insurance Co: _____
 Policy No: _____
 Phone: _____
 Family Physician: _____ Phone: _____
 Date of Last Tetanus: _____

IMPORTANT: A signature at the bottom of this form by a parent or legal guardian is required for participation at CIMI.

EMERGENCY MEDICAL CONSENT: The Student's medical conditions and information stated on this application is complete and correct. I give permission to the CIMI camp staff and School chaperones to, (1) administer the Student's routine medications listed in this Application, as well as needed medications and over-the-counter medications for minor illness or discomfort; (2) in case of a medical emergency to provide appropriate first aid for minor injuries; and (3) seek further treatment from local physicians or hospitals if the medical condition warrants. In the event I cannot be reached in an emergency, I also give permission to the physician selected by CIMI or the School chaperone to examine, diagnose, and treat or secure proper treatment for the Student and hospitalize, and to order injection and/or anesthesia and/or surgery for the Student, as the physician shall determine proper and necessary under the circumstances. A photocopy of this Authorization shall be as valid and may be accepted as the original. This completed Application may be photocopied by CIMI and released to the physicians or hospitals if requested. This Consent is given pursuant to the provisions of California Family Code §6910.

CONSENT AND RELEASE OF LIABILITY: I have been informed of the nature of the CIMI program in which the Student is enrolling. I understand that there are risks associated with the Student's participation in camp programs and activities and transportation to and from camp, which can pose a threat of injury or illness. I am familiar with outdoor sports and activities and the Student's abilities and I am not aware of any physical, emotional, or mental problem or limitation that would prevent, impair, or increase the risk of harm involved in the Student's participation in CIMI camp activities. I also recognize that CIMI cannot ensure or guarantee that the participants, equipment, grounds and/or activities will be free of accidents or injuries. I am aware and have or will instruct the Student in the importance of knowing and abiding by the CIMI camp rules and regulations. I agree to direct the Student to comply with all CIMI rules and policies, and to cooperate with CIMI personnel. I understand and agree that if the Student fails to comply with CIMI rules or policies, he or she may be expelled from camp and sent home at my, the parent or legal guardian's, expense.

With this knowledge and understanding, I grant permission for the Student to participate in all CIMI camp activities and on behalf of the undersigned and the Student, I accept and assume the risk and full responsibility for injury and illness or loss of personal property or other damage, and medical or other expense that may result from the Student's presence or participation in the activities at CIMI camp.

I hereby release and discharge Guided Discoveries, Inc., CIMI, and their agents and employees from liability to us and to the Student for any and all loss, damage, and expense and any illness or injury to person or property, resulting from the Student's travel to or from CIMI and participation in the camp activities and programs.

I give permission for CIMI to use any photographs, video, or interview taken at camp to be used to illustrate, report, promote or advertise CIMI or Guided Discoveries programs or camps.

SIGNATURE: _____

Parent/Legal Guardian

Please Print Name: _____ Date: _____

Rules for acceptance and participation in Guided Discoveries, Inc. programs are the same for everyone without regard to race, color, national origin, sex, or handicap.

DIETARY NEEDS:

Vegetarian ___ Vegan ___ Lactose-Intolerant ___ Gluten-Free ___ Other ___

FOOD ALLERGIES: Please Describe:

CHECK OFF: All applicable health issues:

- | | |
|--|---|
| <input type="checkbox"/> Allergies* | <input type="checkbox"/> Allergy - Bee Sting* |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Backaches/Weak Back |
| <input type="checkbox"/> Car/Sea Sick | <input type="checkbox"/> Bowel/Bladder Problems |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epilepsy/Convulsive Disorder |
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Poison Oak |
| <input type="checkbox"/> Sinus Issues | <input type="checkbox"/> Respiratory Problems** |
| <input type="checkbox"/> Sleep Walking | <input type="checkbox"/> Vomiting |

*Has your child been prescribed an EpiPen for allergies? YES ___ NO ___. If YES, the EpiPen must accompany your child to camp in order to participate in activities.

**Does your child require an inhaler(s) on a daily basis and/or for exercise-induced activities? YES ___ NO ___. If YES, the inhaler(s) must accompany your child to camp in order to participate in activities.

Please specify with YES or NO for each medication that can be administered to your child.

- _____ Pepto Bismol (upset stomach)
- _____ Milk of Magnesia (for constipation)
- _____ Ibuprofen (minor aches/pains; fever)
- _____ Throat Lozenge/Cough Drop
- _____ Benadryl (allergy)
- _____ Caladryl (for skin rash)
- _____ Acetaminophen (headaches/elevated temperatures)
- _____ Bonine/Meclazine/Dramamine (motion sickness)

Is the student required to take regular medication?

YES _____ NO _____

☆ All medications are administered by the chaperones from the student's school. Please provide instructions (dose) for administration of medication.

WHAT IMPORTANT MEDICAL NEEDS SHOULD CIMI BE AWARE OF? PLEASE EXPLAIN IN DETAIL.
(Attach additional sheet if necessary.)