



Student's Name: \_\_\_\_\_ School: \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

## Parent/Guardian and Student Contract and Waiver

My child and I understand what is expected of us before and during Outdoor Classroom and that we are familiar with these rules and agree to abide by the rules, procedures, and behavior expectations detailed within. I realize that no environment is risk-free and I am aware of these risks, and so I have instructed my child on the importance of abiding by the center's rules. I grant permission for my child to participate in all activities and Outdoor Classroom programs, including but not limited to challenge-course, out-of-camp trips by foot (hiking), and out-of-camp emergency transportation by van, bus or other designated vehicle. I understand that part of the outdoor education experience involves activities and group interactions that may be new to my child and that they come with uncertainties beyond what my child may be used to dealing with at home. I also understand that during my child's participation they may be exposed to a variety of risks and hazards, foreseen or unforeseen, which cannot be eliminated without fundamentally altering the unique character of the program. Those hazards include, but are not limited to, uneven terrain, standing and moving water, forested, and other areas that may result in wildlife encounters including mammals, reptiles, and insects that could result in infections and various insect-transmitted diseases. Additionally, certain risks may be associated with activities such as field and court sports, high and low ropes elements courses, waterfront, hiking, walking, running, playing outside, as well as other activities. Other risks might include sunburn and heatstroke, dehydration, hypothermia and other mild or serious conditions or injuries; and unpredictable forces of nature (including weather that may change to extreme conditions without notice), etc. Outdoor Classroom is not responsible for lost, stolen or damaged articles. I, the undersigned, have read and understand my responsibility to complete and submit all necessary forms and fees on time (and that my child will not be allowed to attend the program if any forms in the Family Packet are incomplete). I also acknowledge that participation is entirely voluntary, and I agree that any dispute concerning, relating, or referring to this contract, any representation concerning my child's outdoor education experience, or the outdoor education experience itself shall be resolved exclusively by binding arbitration in in the state and county where this camp is physically located, according to the then existing commercial rules of the American Arbitration Association and the substantive laws of that state.

**I HAVE READ THIS AGREEMENT. I FULLY UNDERSTAND IT AND AGREE TO BE LEGALLY BOUND BY IT.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

## Photo Release

\_\_\_\_\_ **I DO** give permission for photo/video of my child(s) and the writing, artwork and/or testimonials created by my child, to be used in Outdoor Classroom's school outreach marketing materials, brochures, either while enrolled, or after leaving the school.

\_\_\_\_\_ **I DO NOT** give permission for photo/video of my child(s) and the writing, artwork and/or testimonials created by my child, to be used in Outdoor Classroom's school outreach marketing materials, brochures, either while enrolled, or after leaving the school.

I acknowledge that since participation in publications is voluntary, I will receive no financial compensation. I further agree that participation in any publication format by Outdoor Classroom confers upon me no rights of ownership whatsoever. I release Outdoor Classroom and its employees from liability for any claims by me or any third party in connection with participation.

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



**Student's Name:** \_\_\_\_\_ **Date of Birth :** \_\_\_\_\_ **School:** \_\_\_\_\_

### Emergency Information

\*Please Note: Outdoor Classroom will not distribute the personal information contained in these forms to a third party.

**Guardian (Primary Contact) Name:** \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Secondary Contact Name:** \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Is there a custody agreement we need to be aware of?  Yes (please attach additional information)  No

NOTE: We are authorized to release the child only to the contacts listed above unless a note from the Guardian/Primary Contact states otherwise.

### Authorization for Emergency Treatment

I hereby give permission to Outdoor Classroom to seek emergency medical treatment. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to Outdoor Classroom to arrange necessary transportation for my child to a nearby hospital or other medical facilities as required. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by Outdoor Classroom to secure and administer treatment, including hospitalization, for the person named above. Information in this paperwork may be given to the physician. I agree to incur all costs related to any medical emergency for the person named above.

**Parent/Guardian Name:** \_\_\_\_\_

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

### Insurance Information

The following insurance information is required if a doctor visit or admission/treatment at a hospital is necessary.

Doctor's Name: \_\_\_\_\_ Doctor's Phone Number: \_\_\_\_\_

Do you have Health Insurance Coverage?  Yes  No

Name of Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_

Name Listed on Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_



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**Restrictions**

- Participant is cleared for unrestricted activity and full participation with Outdoor Classroom. .
- Participant is cleared for participation at Outdoor Classroom, but the following restrictions apply:

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- Participant is not cleared for participation at Outdoor Classroom.

**Notification of Allergies and Food Restrictions**

**Does your child have any food allergies, intolerances, or dietary needs?**

- Yes. Please specify type, reaction, severity, and applicable treatment.

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- No

**Does your child have any other allergies (ie. environment, bees) etc?**

- Yes. Please specify allergen, severity, reaction and treatment:

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- No.

**Health History**

Are there any concerns (medical, behavioral, emotional)?

- Yes  No

Please specify:

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Student's Name: \_\_\_\_\_ Date of Birth : \_\_\_\_\_ School: \_\_\_\_\_

### Permission to Dispense Over-the-Counter Medications ON an AS NEED Basis

We carry all of the following medications, you do not need to send these medications with your student (unless they take it daily). Not all medications are approved for under 12 years of age. Medical staff will give according to label instructions and our Standing Orders on file. If your child takes any of the following medications on a regular schedule please DO send those medications with your child along with a physician's order or a physician's signature on page 9 to include those Over the counter medications.

- I give permission for Outdoor Classroom to administer **ALL** over the counter medications listed in the box below.
- I give permission for Outdoor Classroom to administer **ONLY** the over the counter medications I have **CHECKED**.

<input type="checkbox"/> Acetaminophen (Tylenol) <input type="checkbox"/> Ibuprofen (Advil) <input type="checkbox"/> Antidiarrheal (over 12 only) <input type="checkbox"/> Antacid (TUMS) <input type="checkbox"/> Bismuth Subsalicylate (Pepto-Bismol products-over 12 only) <input type="checkbox"/> Dramamine or generic equivalent	<input type="checkbox"/> Cetirizine (Zyrtec products) <input type="checkbox"/> Diphenhydramine (Benadryl) <input type="checkbox"/> Loratadine (Claritin products) <input type="checkbox"/> Cough Drops (Generic) <input type="checkbox"/> Guaifenesin (Mucinex, Robitussin, products, etc) <input type="checkbox"/> Cough suppressants (Delsym, Robitussin and/or dextromethorphan products, etc.)	<input type="checkbox"/> Antibiotic ointments for first aid (ie, triple antibiotic, bacitracin, etc.) <input type="checkbox"/> Antifungal cream/powder (Tolnaftate, Athlete's foot powder, Lotrimin, etc) <input type="checkbox"/> Hydrocortisone (anti-itch cream) <input type="checkbox"/> Poison Ivy Treatment (Ivy-Dry)
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- I **DO NOT** give permission for Outdoor Classroom to administer **ANY** of the over the counter medications listed.

Parent/Guardian name: \_\_\_\_\_

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

**Emergency Medications** (e.g. Epi-pens and rescue inhalers) will be sent around with your child, managed by the medic on site, and administered as needed by trained staff.

Will your child be bringing an <b>EpiPen / Epinephrine injector</b> to Outdoor Classroom? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify allergy: _____ _____ _____ _____	Will your child be bringing a <b>rescue inhaler</b> to Outdoor Classroom? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your child able to self-administer their emergency medications under trained supervision? ie inhaler <input type="checkbox"/> Yes <input type="checkbox"/> No
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Student's Name: \_\_\_\_\_ Date of Birth : \_\_\_\_\_ School: \_\_\_\_\_

**Medications - Instructions**

Send ALL medications in the original Pharmacy bottle / packaging with your child's name, Doctor's name, medication, strength, dosage, and usage instructions on the bottle / packaging. Place the bottle/package in a clear ziplock bag with your child's name, date of birth and school. **DO NOT Send pre-packaged pill planners, envelopes, etc.**

**Medication List**

Please include emergency & "As Needed" medications, such as Epi pens or rescue inhalers.

Medication/Form	Strength	Dose	Time(s)	Reason	Special Instructions	As Needed
<i>Example Amoxicillin liquid</i>	<i>125mg/5ml</i>	<i>250mg/10ml</i>	<i>8am 8pm</i>	<i>Infected tooth</i>	<i>Give after eating</i>	<i>No</i>

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I give permission for my child to receive the above scheduled medications as dictated above and ordered by his/her/their Doctor while at Outdoor Classroom.

Print Name: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For melatonin, vitamins, nasal sprays, and other meds not listed in the over-the-counter chart on page 8 or if taken daily, **MUST be sent with a doctor's order, or the doctor can sign this form below to agree to the medications listed.** \*\*MEDICAL PERSONNEL CAN NOT ADMINISTER ANYTHING THAT DOESN'T COME WITH A DR'S NOTE/SIGNATURE.

Doctor/medical provider signature: \_\_\_\_\_ Date: \_\_\_\_\_