

STATE OF CONNECTICUT - DEPARTMENT OF CHILDREN AND FAMILIES  
WILDERNESS SCHOOL

APPLICATION AND MEDICAL HISTORY CONSENT AND WAIVER  
(1-DAY COURSES)

Date of Wilderness School Course (and all courses scheduled within six months of this date): \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female. Race/Ethnicity: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of person to be notified in case of an emergency \_\_\_\_\_ Relation to applicant: \_\_\_\_\_

Telephone and Cell Phone (in case of emergency): \_\_\_\_\_

Applicant Home Telephone \_\_\_\_\_ Business/Cell Telephone (if applicable) \_\_\_\_\_

Email Contact Information (personal or emergency): Name: \_\_\_\_\_ Email: \_\_\_\_\_

**I. TO THE PARTICIPANT AND/OR PARENT/LEGAL GUARDIAN:** The Wilderness School conducts physically demanding courses of up to twenty days in length. The program is not a summer camp experience. The student must be emotionally as well as physically prepared for the rigorous demands of the experience.

The Wilderness School provides ample and nutritious meals prepared by the student. Special dietary requirements cannot always be met. Toilet facilities are limited to latrines and outhouses. Courses occur in remote areas and in all types of weather, including wind, rain, cold, heat and electrical storms. Additional environmental hazards include potential exposure to diseases such as Rabies and Lyme Disease through contact with animals; and insect bites and stings. While the course is stressful, it is expected that any person with normal physical and mental abilities can complete the program successfully. The use of tobacco, alcohol, and illicit drugs is prohibited. If there is any doubt about your ability to safely participate in field activities, you should discuss the situation with Wilderness School staff.

**II. MEDICAL HISTORY INFORMATION to be completed by Student and/or Parent/Guardian:** Please answer the following questions and provide specific details below

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Vision or hearing problems: glasses, contact lenses, hearing aid | <input type="checkbox"/> Recent illness, injury or surgery                         | <input type="checkbox"/> Broken bones, joint dislocations, serious sprains               | <input type="checkbox"/> Allergies -- medicine, food, insect bites or other substances                  |
| <input type="checkbox"/> Chronic skin problems: rash, infection                           | <input type="checkbox"/> Any severe injury to head, chest, internal organs         | <input type="checkbox"/> Problems with knees or feet                                     | <input type="checkbox"/> Frequent diarrhea or constipation, abdominal cramps or severe menstrual cramps |
| <input type="checkbox"/> Palpitation of the heart, irregular heart beat, heart murmurs    | <input type="checkbox"/> Jaundice, hepatitis, TB, meningitis or encephalitis       | <input type="checkbox"/> Problems with back  | <input type="checkbox"/> Frequent infection of throat, tonsils, sinuses, ears                           |
| <input type="checkbox"/> Chronic cough, bronchitis, bloody sputum, pneumonia              | <input type="checkbox"/> Dizzy spells, fainting, convulsions, persistent headaches | <input type="checkbox"/> Reaction to extremes of temperature: frostbite, heat exhaustion | <input type="checkbox"/> Medications, please list: _____  |
|   | <input type="checkbox"/> Seizure disorder, epilepsy                                | <input type="checkbox"/> Diabetes  |   |
|   | <input type="checkbox"/> Hernia  | <input type="checkbox"/> Kidney infection or stones                                      |   |
|   |  | <input type="checkbox"/> sthma   |   |

Please elaborate upon any checked areas (and provide details on medications and any side effects or environmental concerns):

**III. MEDICAL COVERAGE:**

Please Check

1. Is the applicant covered by hospitalization and medical care policy? YES  NO

2. If yes, name the Insurance Company issuing the policy and

3. Policy number:

4. Does the above insurance policy pay for prescription medication? YES  NO

5. If not, I will assume full responsibility for any medical costs incurred while my son/daughter is at the Wilderness School. YES  NO

**IV. CONSENT AND WAIVER:** There are certain inherent risks to be assumed when participating in activities of a physical nature and the student may risk personal injury. Wilderness School Instructors will inform students of safety rules and will conduct all activities in a safe manner. However, the entire responsibility is not the Instructors'. Students also have a role in maintaining the safety of the group. Students should call to the attention of the Instructors any situation that seems to be a possible danger to any Wilderness School student or staff. This could include: Broken equipment; Feeling sick or very tired; Having considerable trouble performing or learning a skill.

Please Check

1. As a student, I will at all time wear any required equipment, and follow the directions of the instructors.	YES <input type="checkbox"/> NO <input type="checkbox"/>																				
2. We have described any medical or physical conditions that the student has which might affect his/her ability to participate in any activity.	YES <input type="checkbox"/> NO <input type="checkbox"/>																				
3. I acknowledge that I have been advised of the potential risks.	YES <input type="checkbox"/> NO <input type="checkbox"/>																				
4. Permission is granted by the parent/guardian and student identified above for any medical treatment, emergency anesthesia and/or operation that might become necessary ( <u>NON DCF COMMITTED YOUTH</u> ).	YES <input type="checkbox"/> NO <input type="checkbox"/>																				
5. Permission will be obtained by Wilderness School staff from the DCF Hotline for any medical treatment, emergency anesthesia and/or operation that might become necessary ( <u>DCF COMMITTED YOUTH</u> ).	YES <input type="checkbox"/> NO <input type="checkbox"/>																				
6. I give permission for the student to be transported in a motor vehicle operated by an employee of the Department of Children and Families to and from Wilderness School activity sites.	YES <input type="checkbox"/> NO <input type="checkbox"/>																				
7. I understand Behavioral Policy violations or other inappropriate behaviors will lead to removal from the course.	YES <input type="checkbox"/> NO <input type="checkbox"/>																				
8. Permission is granted for the Department of Children and Families to photograph the above named student and create slide documentation of the Wilderness School course.	YES <input type="checkbox"/> NO <input type="checkbox"/>																				
9. Permission is granted to the Department of Children and Families to use the photographs and slides in all aspects of Wilderness School functions including slide shows, orientations and also public information materials such as newsletters, websites, brochures or pamphlets and newspaper or journal articles.	YES <input type="checkbox"/> NO <input type="checkbox"/>																				
10. I understand that the student listed above will be identified by first name only in any material available to the public. I authorize the use of any such photographs or slides of me without restriction as to time, except that I retain the right to revoke this authorization at any time.	YES <input type="checkbox"/> NO <input type="checkbox"/>																				
11. Permission is granted for the student to self administer any <b>prescription or non prescription medications required</b> by Doctor's Orders and under the supervision of program staff, including over-the-counter, non prescription medications to be provided by the student's family or legal guardian such as examples below:  <table style="width: 100%; border: none;"> <tr> <td style="width: 20%;">Antifungal cream</td> <td style="width: 20%;">Antibiotic ointment</td> <td style="width: 20%;">Ibuprofen (Motrin)</td> <td style="width: 20%;">Diphenhydramine HCL</td> <td style="width: 20%;">Other (please list):</td> </tr> <tr> <td>Laxatives</td> <td>Throat Lozenges</td> <td>Acetaminophen</td> <td>(Benadryl)</td> <td>_____</td> </tr> <tr> <td>Anti-diarrheal</td> <td></td> <td>(Tylenol)</td> <td></td> <td></td> </tr> </table>	Antifungal cream	Antibiotic ointment	Ibuprofen (Motrin)	Diphenhydramine HCL	Other (please list):	Laxatives	Throat Lozenges	Acetaminophen	(Benadryl)	_____	Anti-diarrheal		(Tylenol)			YES <input type="checkbox"/> NO <input type="checkbox"/>					
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Anti-diarrheal		(Tylenol)																			
12. Permission is granted for the student to self administer any other <b>non-prescription medications not required</b> by Doctor's Orders and carried in program first aid kits under the supervision of program staff (examples below).  <table style="width: 100%; border: none;"> <tr> <td style="width: 20%;">Antacid tablets</td> <td style="width: 20%;">Throat Lozenges</td> <td style="width: 20%;">Povidone Iodine</td> <td style="width: 20%;">Hydrogen Peroxide</td> <td style="width: 20%;">First Aid Ointment</td> </tr> <tr> <td>Insect Repellent</td> <td>Poison Ivy Cream</td> <td>Anti Itch Ointment</td> <td>Sunscreen</td> <td>(non antibiotic)</td> </tr> <tr> <td>Petroleum Jelly</td> <td>(non steroid)</td> <td>(non-medicated)</td> <td>Alcohol Pads</td> <td>Other (please list):</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>_____</td> </tr> </table>	Antacid tablets	Throat Lozenges	Povidone Iodine	Hydrogen Peroxide	First Aid Ointment	Insect Repellent	Poison Ivy Cream	Anti Itch Ointment	Sunscreen	(non antibiotic)	Petroleum Jelly	(non steroid)	(non-medicated)	Alcohol Pads	Other (please list):					_____	YES <input type="checkbox"/> NO <input type="checkbox"/>
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				_____																	
13. I/we have read the above information and understand the physical and stressful nature of the Wilderness Challenge course. Consent is granted for participation in the Wilderness School activity.	YES <input type="checkbox"/> NO <input type="checkbox"/>																				

<b>Parent/Legal Guardian Signature</b> (only required for participants under age 18)	Date:	<b>Print Parent/Legal Guardian Name</b> (only required for participants under age 18):
<b>Participant Signature</b>	Date:	<b>Print Participant Name:</b>