

STATE OF CONNECTICUT - DEPARTMENT OF CHILDREN AND FAMILIES
WILDERNESS SCHOOL

OVERNIGHT MEDICAL INFORMATION AND WAIVER OF LIABILITY

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 _____ Relationship to applicant: _____

Telephone and Cell Phone (in case of emergency): _____

Email Contact information (personal or emergency): Name: _____ email: _____

I. TO THE PARTICIPANT AND/OR PARENT/LEGAL GUARDIAN: The Wilderness School conducts physically demanding courses. 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 may be 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 Participant and/or Parent/Guardian: Wilderness School requires all participants to have had a physician's examination within twelve months of any overnight activity. Please answer the following questions and provide specific details below. If you have not had a physician's examination within this time, please do so. If there is any doubt about your ability to safely participate in field activities, you should seek Doctor approval prior to participation.

Current Height: _____ Weight: _____

1. yes no. Have you had a physician's exam within twelve months of this course? If NO, when is the scheduled date of your exam? _____

2. yes no. Do you have any dietary restrictions? _____

3. yes no. Are you taking any medication? (Please list all medications and dosages): _____

4. yes no. Do you take any medications that may be adversely affected by weather or exercise? If yes, please explain: _____

5. yes no. If you are on medication, do you experience any side effects not listed above? _____

6. yes no. Do you have asthma? If yes, do you currently use an inhaler or other medication? _____

7. yes no. Do you have allergies (i.e. food, sulfa, penicillin, wasps or bees)? If yes, explain. _____

8. yes no. Do you engage in any sports or exercises? What sports or exercise? _____ How often? _____

9. yes no. Do you smoke cigarettes? If yes, how much and how often? _____

10. yes no. Do you have a chronic illness? If yes, explain. _____

11. yes no. Do you have any condition limiting the motion of your muscles, joints, or any part of the body that could be aggravated by exercise?

12. yes no. Do you have any problem with vision or hearing, i.e. require glasses, contact lenses or hearing aides?

13. yes no. Do you experience dizzy spells, fainting, convulsions or persistent headaches?

14. yes no. Have you had any severe injury to head, chest or internal organs?

15. yes no. Have you had a reaction to extremes of temperature (i.e. heat exhaustion or frostbite)?

16. yes no. Have you suffered any injury or trauma in the last two months not already listed above (i.e. car accident, surgery)? If yes, please give details and present condition: _____

II. MEDICAL HISTORY INFORMATION to be completed by Participant and/or Parent/Guardian (Continued)

- *17. yes no. Has a Doctor ever said that you have or have had heart trouble?
- *18. yes no. Have you ever had chest pain or pressure in the chest during exercise or walking? If yes, explain. _____
- *19. yes no. Have you ever experienced a rapid heartbeat action or palpitations?
- *20. yes no. Do you have diabetes?
- *21. yes no. Have you ever or do you now have high blood pressure or hypertension?
- *22. yes no. Do you have TB, emphysema or any other lung condition? If yes, explain _____
- *23. yes no. Do you have a seizure disorder or epilepsy? If yes, explain _____
- *24. yes no. Do you have back pain or any past or present back injury?
- *25. yes no. Do you have a serious bone injury, including broken bones, joint dislocation, and serious sprains?
 details and present condition: _____

*** If you have answered yes to any of the starred questions, you must have your doctor approve your participation in this activity. Please provide details of any physical condition or concern.**

DOCTOR APPROVAL (if necessary as indicated above) - a note from your Doctor will also suffice.

Name of participant: _____ is under or has been under my care for the following condition(s):

I approve of his/her participation in the Wilderness School overnight course.

Doctor's signature _____ date _____

Print Doctor's Name _____

III. <u>MEDICAL COVERAGE:</u>	Please Check
1. Is the applicant covered by hospitalization and medical care policy?	YES <input type="checkbox"/> NO <input type="checkbox"/>
2. If yes, name the Insurance Company issuing the policy:	
3. Policy number:	
4. Does the above insurance policy pay for prescription medication?	YES <input type="checkbox"/> NO <input type="checkbox"/>
5. If <u>not</u> , I will assume full responsibility for any medical costs incurred while my son/daughter is at the Wilderness School.	YES <input type="checkbox"/> NO <input type="checkbox"/>

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 (NON DCF COMMITTED YOUTH).	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 (DCF COMMITTED YOUTH).	YES <input type="checkbox"/> NO <input type="checkbox"/>

<p>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.</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>													
<p>7. I understand Behavioral Policy violations or other inappropriate behaviors will lead to removal from the course.</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>													
<p>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.</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>													
<p>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.</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>													
<p>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.</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>													
<p>11. Permission is granted for the student to self administer any prescription or non prescription medications required by Doctor's Orders and under the supervision of program staff (for youth under age 18), including over-the-counter, non prescription medications to be provided by the participant's family or legal guardian such as examples below:</p> <table border="0" data-bbox="142 667 1307 762"> <tr> <td>Antifungal cream</td> <td>Antibiotic ointment</td> <td>Ibuprofen (Motrin)</td> <td>Diphenhydramine HCL</td> <td rowspan="3">Other (please list): _____</td> </tr> <tr> <td>Laxatives</td> <td>Throat Lozenges</td> <td>Acetaminophen</td> <td>(Benadryl)</td> </tr> <tr> <td>Anti-diarrheal</td> <td></td> <td>(Tylenol)</td> <td></td> </tr> </table>	Antifungal cream	Antibiotic ointment	Ibuprofen (Motrin)	Diphenhydramine HCL	Other (please list): _____	Laxatives	Throat Lozenges	Acetaminophen	(Benadryl)	Anti-diarrheal		(Tylenol)		<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
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Laxatives	Throat Lozenges	Acetaminophen	(Benadryl)											
Anti-diarrheal		(Tylenol)												
<p>A signed Doctor's Order must be submitted for any Prescription or non-prescription medication that a youth (under age 18) will be bringing to the overnight course (additional form is available on request).</p>														
<p>12. Permission is granted for the student to self administer any other non-prescription medications not required by Doctor's Orders and carried in program first aid kits under the supervision of program staff (examples below).</p> <table border="0" data-bbox="142 951 1307 1066"> <tr> <td>Antacid tablets</td> <td>Throat Lozenges</td> <td>Povidone Iodine</td> <td>Hydrogen Peroxide</td> <td rowspan="3">First Aid Ointment (non antibiotic) Other (please list): _____</td> </tr> <tr> <td>Insect Repellent</td> <td>Poison Ivy Cream (non steroid)</td> <td>Anti Itch Ointment (non-medicated)</td> <td>Sunscreen</td> </tr> <tr> <td>Petroleum Jelly</td> <td></td> <td></td> <td>Alcohol Pads</td> </tr> </table>	Antacid tablets	Throat Lozenges	Povidone Iodine	Hydrogen Peroxide	First Aid Ointment (non antibiotic) Other (please list): _____	Insect Repellent	Poison Ivy Cream (non steroid)	Anti Itch Ointment (non-medicated)	Sunscreen	Petroleum Jelly			Alcohol Pads	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>
Antacid tablets	Throat Lozenges	Povidone Iodine	Hydrogen Peroxide	First Aid Ointment (non antibiotic) Other (please list): _____										
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Petroleum Jelly			Alcohol Pads											
<p>13. We have read the above information and understand the physical and stressful nature of the Wilderness Challenge course. Consent is granted for the participant to attend the Wilderness School activity.</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>													
<p>Parent/Legal Guardian Signature: (only required for participants under age 18)</p>	<p>Date:</p>	<p>Print Parent/Legal Guardian Name: (only required for participants under age 18)</p>												
<p>Participant Signature:</p>	<p>Date:</p>	<p>Print Participant Name:</p>												