

STATE OF CONNECTICUT - DEPARTMENT OF CHILDREN AND FAMILIES
WILDERNESS SCHOOL

CONSENT AND WAIVER FORM - DCF COMMITTED STUDENTS

TO THE STUDENT AND 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. Students participate in back country expeditions that may include hiking, canoeing, rock climbing, a high ropes course, a service project, an 8.5-mile marathon run and a solo experience. Students sleep in tarps inside sleeping bags for the entire course. Students carry thirty to fifty pound backpacks on average of eight miles per day and for extended periods.

The Wilderness School provides ample and nutritious meals prepared by the student. Special dietary requirements cannot always be met. All drinking water from natural sources is purified by boiling or by use of a chemical (iodine) water purification treatment. Personal hygiene and self-care are limited to a primitive wilderness setting (cold water bathing). Toilet facilities are limited to latrines and outhouses. Expeditions 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, Lyme Disease, West Nile Disease, or Giardia through contact with animals, insect bites and stings. Due to the remote environment, contact with students is through correspondence only. Mail is forwarded from the East Hartland base camp to students via resupplies and other scheduled visits by program support staff. 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.

The Wilderness School is a referral program servicing agencies such as youth service bureaus, school systems, residential programs, probation and parole offices, and DCF regional offices. Students attending the program may exhibit school problems, have police or court contact, or be involved in counseling or psychiatric care. Wilderness School courses are diverse and are enrolled in single gender groupings according to the open enrollment of the course. When courses are over-enrolled with either male or female students, mixed gender groupings may be considered based upon the discretion of the Wilderness School.

NAME OF APPLICANT:	PLEASE CHECK
1. 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: A. Broken equipment; B. Feeling sick or very tired; C. Having considerable trouble performing or learning a skill. I acknowledge that I have been advised of potential risks.	YES <input type="checkbox"/> NO <input type="checkbox"/>
2. We have read the above information and understand the physical and stressful nature of the 20-Day or 5-Day Expedition, and the nature of the student population. Consent is granted for the student to attend the Wilderness School and to participate in the Follow-Up activities of the program. We have described any medical or physical conditions that might affect the student's ability to participate in any activity. As a student, I will wear any required equipment, and follow the directions of the Wilderness School staff at all times. I understand Behavioral Policy violations (see Student Contract) or other inappropriate behaviors will lead to removal from the course.	YES <input type="checkbox"/> NO <input type="checkbox"/>
3. Permission is granted 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"/>
4. Permission will be obtained from the DCF Hotline for any medical treatment, emergency anesthesia and/or operation that might become necessary.	YES <input type="checkbox"/> NO <input type="checkbox"/>
5. Permission is granted for the student to self administer any <u>prescription or non prescription medications</u> required 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. Antifungal cream Antibiotic ointment Ibuprofen (Motrin) Diphenhydramine HCL Laxatives / Anti-diarrheal Throat Lozenges Acetaminophen (Tylenol) (Benadryl) Others (please list):	YES <input type="checkbox"/> NO <input type="checkbox"/>
6. 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). Antacid tablets Throat Lozenges Povidone Iodine Sunscreen Insect Repellent Poison Ivy Cream (non-steroid) Hydrogen Peroxide Alcohol Pads Petroleum Jelly Anti-Itch Ointment (non-medicated) First Aid Ointment (non-antibiotic) Other (please list):	YES <input type="checkbox"/> NO <input type="checkbox"/>

NAME OF APPLICANT:		PLEASE CHECK												
<input type="checkbox"/> I object to the following medications (please list):														
MEDICAL COVERAGE: Please submit a copy of the student's medical insurance and prescription cards. For our records, answers to the following questions are required.														
1. Is the applicant covered by a hospitalization and medical care policy?		YES <input type="checkbox"/> NO <input type="checkbox"/>												
2. If yes, name the Insurance Company issuing the policy _____ Policy Number : _____														
3. Does the above insurance policy pay for prescription medication?		YES <input type="checkbox"/> NO <input type="checkbox"/>												
4. If <u>not</u> , I will assume full responsibility for obtaining payment of medical costs incurred while my ward is at the Wilderness School.		YES <input type="checkbox"/> NO <input type="checkbox"/>												
STUDENT PHOTO RELEASE:														
1. Permission is granted for the Department of Children and Families to photograph the below named student and create slide documentation of the Wilderness School course.		YES <input type="checkbox"/> NO <input type="checkbox"/>												
2. 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"/>												
3. I understand that the student listed below 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"/>												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 5px;">Parent/Legal Guardian Signature</td> <td style="width:15%; padding: 5px;">Date:</td> <td style="width:52%; padding: 5px;">Print Parent/Legal Guardian Name:</td> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td></td> </tr> <tr> <td style="padding: 5px;">Student Signature</td> <td style="padding: 5px;">Date:</td> <td style="padding: 5px;">Print Student Name:</td> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td></td> </tr> </table>			Parent/Legal Guardian Signature	Date:	Print Parent/Legal Guardian Name:				Student Signature	Date:	Print Student Name:			
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