

Dear Parents,

In order for us to administer any prescription or over the counter medications to your child while at camp, several guidelines must be in order.

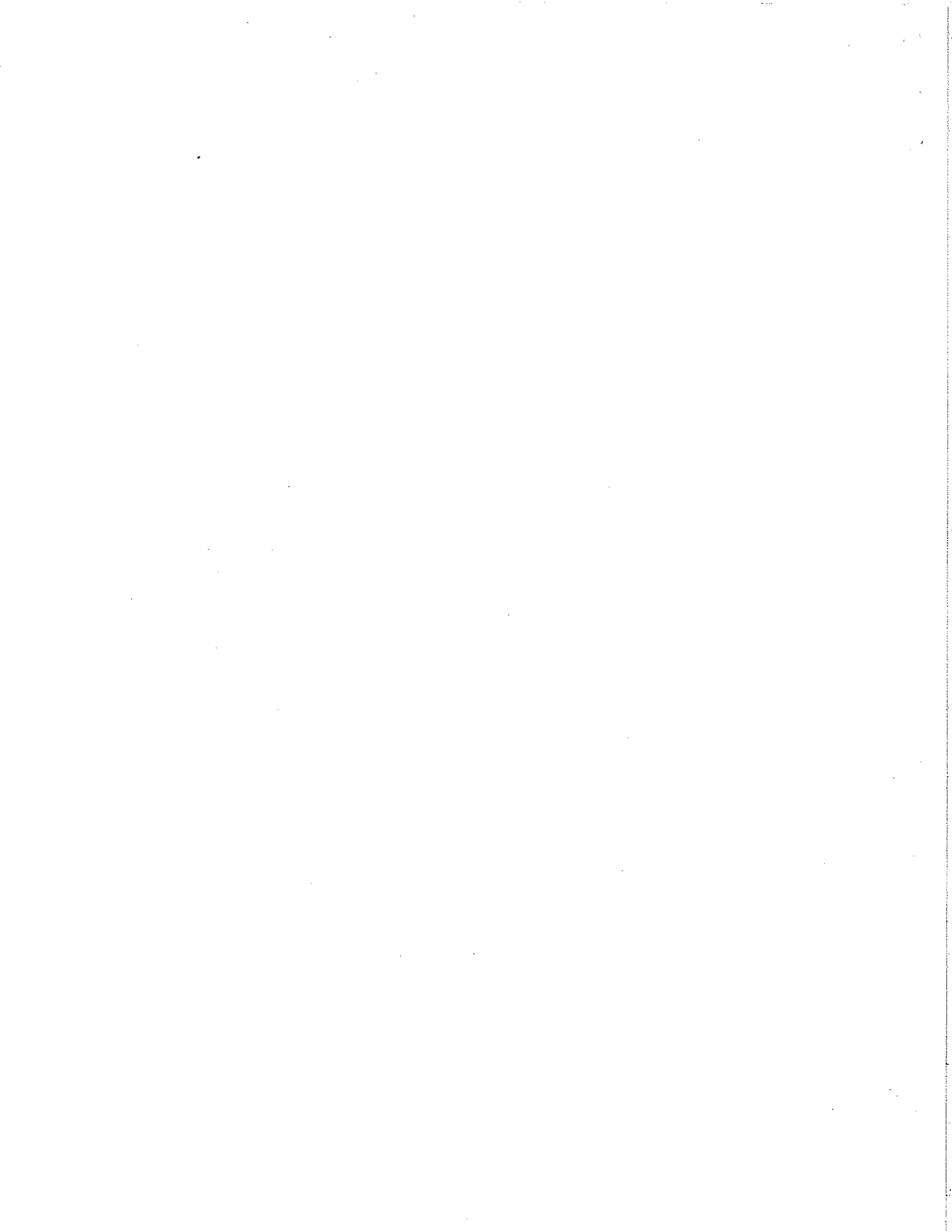
1. Written permission must be listed on the emergency card in school office
2. Any medicines must be in its original container (this includes pain medication such as Tylenol, motion sickness medicine, vitamins, cough drops, etc.)
3. Specific dosage instructions must be given

We strongly urge sending headache medicine, as headaches are a common ailment in the mountains. Without permission given on the school's emergency card, no medicines, including pain medication, may be given to any student.

Please visit the school office and add any current medicines and/or pain medication permission to your child's emergency card. **No medicines will be administered without an updated emergency card.** In the event of any health situations, this card is invaluable!

Thank you for your help in making this a healthy experience for your child.

Serving Him Together,
The 6th Grade Team



Mountain and Sea Adventures Camper Health History

CAMPER'S NAME:

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LAST

FIRST

MIDDLE

BIRTH DATE:

	SEX:		AGE:	
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PARENT, GUARDIAN (OR SPOUSE):

	PHONE:	
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HOME ADDRESS:

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NUMBER AND STREET

CITY

STATE

ZIP CODE

PHONE NUMBER

BUSINESS ADDRESS:

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NUMBER AND STREET

CITY

STATE

ZIP CODE

PHONE NUMBER

EMERGENCY CONTACT:

	PHONE:	
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IF NOT AVAILABLE IN AN EMERGENCY, NOTIFY:

	PHONE:	
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HEALTH HISTORY

If anything on this list applies to the camper, please fill it in with date and occurrence, if possible.

Hypertension		Insect Stings		Others:	
Asthma		Frequent Ear Infections			
Bleeding/Clotting Disorder		Hay Fever			
Convulsions		Phobia's			
Diabetes		Heart Defect or Disease			

Have you had any serious injuries? Explain:

CAMPER HEALTH HISTORY

DO YOU HAVE ANY DISABILITIES?

DO YOU HAVE A RECURRING ILLNESS?

DO YOU HAVE ANY FOOD ALLERGIES OR DIETARY REQUIREMENTS?

ANY ACTIVITIES WHICH SHOULD BE LIMITED DUE TO A PHYSICIAN'S ADVICE?

CURRENTLY TAKING ANY MEDICATIONS? IF YES, SEND DETAILED INSTRUCTIONS!

ANYTHING ELSE OF A MEDICAL NATURE THAT WE SHOULD BE AWARE OF? EXPLAIN:

NAME OF FAMILY PHYSICIAN:	PHONE NUMBER:	()	DATE OF LAST PHYSICAL
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DO YOU CARRY INSURANCE? _____ INSURANCE CARRIER: _____

IMPORTANT: The following must be completed or attendance will be denied. To the best of my knowledge the health information given here is accurate and the camper described has permission to engage in all camp activities with the exception of the written notices above.

EMERGENCY AUTHORIZATION: I do hereby give permission to the medical personnel selected by the Camp Director to order X-ray, routine tests and treatment for the camper or campers named above. This form may be photocopied for use of camp.

Signature of Parent/Guardian: _____ Witness: _____
 Signature of Minor: _____ Date: _____

I also understand and agree to abide with the restrictions placed on my camp activities!

Mountain and Sea Educational Adventures Waiver of Liability

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE Mountain and Sea Educational Adventures, its director, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned and all his or her personal representatives, assigns, heirs and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence of the releasees or otherwise while the undersigned or such children are in anyway involved in or participating in any programs organized by or affiliated with Mountain and Sea Educational Adventures.

2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the undersigned or such children in anyway participating in, observing or engaging in any programs organized by or affiliated with Mountain and Sea Educational Adventures whether caused by the negligence of the releasees or otherwise.

3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR THE RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to the negligence of releasee or otherwise while in anyway participating in, observing, or engaging in any program organized by or affiliated with Mountain and Sea Educational Adventures.

4. THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representation, statement or inducement apart from the foregoing written agreement have been made.

I have read this release:

SIGNATURE: _____
Parent or Guardian

DATE: _____

NAME OF CHILD IN THE PROGRAM: _____

NAME OF SCHOOL: _____

DATES OF SESSIONS: _____

This must be read completely and signed in order for your child to participate.

