



**CALVIN CREST OUTDOOR SCHOOL DAY PROGRAM
PARTICIPANT MEDICAL & AUTHORIZATION FORM**

Calvin Crest Conferences 45800 Calvin Crest Road Oakhurst, CA 93644
559. 772. 4040 www.calvincrest.com outdoor.school@calvincrest.com

Student Last Name: _____ **First Name:** _____ **Birth Date** ___ / ___ / ____

Parent/Guardian #1 Name: _____ Relationship: _____ Daytime/Cell Phone(s): _____

Parent/Guardian #2 Name: _____ Relationship: _____ Daytime/Cell Phone(s): _____

If you cannot be reached, please give us the name of a friend or relative:

Emergency Contact Name: _____ Relationship: _____ Daytime/Cell Phone(s): _____

The following person(s) are LEGALLY RESTRICTED from having contact with the student:

Name(s) : _____ Relationship to student: _____

Please note: Transportation to/from this program will be provided by the school. No one will be authorized to remove the student from Calvin Crest grounds without prior approval made through the school site.

Health History: Please list any allergies or other medical conditions that could affect the health of the student while participating in outdoor school activities:

Food Allergies and Reactions: _____

Environmental Allergies and Reactions: _____

Medication Allergies and Reactions: _____

Other Medical Conditions or concerns (Includes asthma, diabetes, heart conditions, behavior disorders, etc):

Regular Medications and Dosage:

If your student will require medication to be administered by the Outdoor School staff while they are at Calvin Crest, please fill out a separate Doctor's Written Orders form.

Date of last tetanus shot (Mo/Yr): ___ / ___

Health Insurance Information to Be Used In Case of Emergency:

Is the student covered by medical/hospitalization insurance? _____ Yes _____ No

If yes, Name of Insurance Company: _____ Primary Policy Holder Name: _____

Policy Holder ID: _____ Policy Holder D.O.B.: ___/___/___ Relationship to student: _____

Policy Holder Address: _____ Phone: (____) _____

Student Insurance ID: _____ Student Date of Birth: ___/___/___

If needed for treatment, please provide the pre-authorization phone number: (____) _____

PARENTAL STATEMENTS, PERMISSION, AND RELEASE: I give my informed consent to the First Aid personnel assigned by Calvin Crest who are certified in a minimum of CPR and First Aid by a nationally recognized provider in accordance with ACA standard HW-1 to provide basic First Aid and comfort measures through standardized camp treatment procedures. I understand that it is my responsibility to make arrangements for a student with greater health care needs than the First Aid personnel can provide within their certifications, licenses, and scopes of practice. I authorize Calvin Crest to arrange for or provide any necessary related transportation to the nearest medical facility for urgent or emergency medical treatment, and I do assume all responsibility for payment for such treatment. I hereby give permission to any physician selected by Calvin Crest to secure and administer any and all medical treatment deemed necessary for my child, including urgent care or hospitalization.

I authorize the use of the following generic, over-the-counter medications as directed by the labels provided by the manufacturer and the Outdoor School designated personnel providing standard procedures for my child: antibiotic ointment, hydrocortisone cream, burn cream, petroleum jelly, chapped skin/lip treatment, antiseptic skin and wound cleansers, analgesic balms and gels. I will contact Calvin Crest with objections prior to the start of the program. I understand that these are stocked and dispensed by the First Aid personnel free of charge as needed for the comfort of my child.

Calvin Crest hereby acknowledges that it will seek to take certain safety measures to help prevent, as best it reasonably can, infection or spread of infectious disease. Such safety measures may include the following: cleaning and disinfecting publicly used spaces, wearing gloves when cleaning and disinfecting, maintaining social distancing from its employees, visitors, and guests, and wearing face masks when in the company of guests. Calvin Crest will stay apprised of any recommendations of the CDC and will consider action accordingly. Further, Calvin Crest may remove any safety measures listed herein once the CDC or the United States, state, or local governments deem such measures are no longer necessary. I acknowledge that I will also take certain safety measures including: ensuring that I do not have any symptoms of communicable diseases prior to entrance onto or use of Calvin Crest's facilities and premises, use of handwashing and hand sanitizer on a regular basis while on the Calvin Crest premises, and where appropriate, maintaining social distancing, and proper use of face masks when in the company of others. In the event that the CDC recommends additional safety measures, I agree to pursue utilization of such safety measures.

I have requested Calvin Crest to allow my child to participate in any and all activities that may include but are not limited to those listed on the website. As a condition of receiving this benefit, I do hereby agree to the following: I understand that my child's participation in these activities can expose him/her to dangers both from known and unanticipated risks. Acknowledging that such risks exist, I on behalf of myself, my child and any other party who may have the right to assert any rights for or on behalf of my child, do hereby forever release and discharge, indemnify and hold harmless Calvin Crest, its affiliates, officers, directors, agents, employees, insurers, successors in interest, attorneys, or any other person or persons associated with any or all of them who might be liable (the "Released Parties") from and against any and all claims, causes of action, actions, suits, demands, losses, damages, expenses, costs or liability (collectively, "Losses") arising from or in connection with my child's participation in Calvin Crest Outdoor School and its activities, including Losses arising from the negligence of any of the Released Parties, whether such Losses arise in connection with bodily injury (including death), property damage or otherwise (collectively, the "Released Claims"). The Released Claims include Losses arising out of any condition of the premises at which the camp activities are held or the conduct of any person in connection with the preparation for, supervision of, or conduct of any activity, whether planned or unplanned.

I further understand and acknowledge that I make this release in full accord and satisfaction of and in compromise of any and all Released Claims. I represent and acknowledge that I have read and understand this form and the release granted above and warrant that all statements made herein are true to the best of my knowledge.

- For medications administered by Outdoor School staff: I will be responsible for notifying Calvin Crest of any new medication information regarding this student. I realize that if my child's medications change between now and the date of Outdoor School, it is my responsibility to report such to Calvin Crest.
- I understand that Calvin Crest is located in a remote mountain region and that emergency care, even by ambulance, can take as long as 90 minutes. The student has no current condition that would warrant closer emergency care.
- I understand that Calvin Crest assumes no responsibility for students who leave Calvin Crest grounds for any reason other than programmed activities.

I give permission for the use of images, audio, or video recordings including my child to be used in publicity including Calvin Crest website, internet sites (including social media), newsletter, or brochure promoting or reporting Calvin Crest.

I have read and understand this entire form and by signing below agree to the terms herein:

Signature of Parent or Legal Guardian: _____

Print Name: _____ **Date:** _____

To NOT grant consent for medical treatment, please sign below AND contact the school site and Calvin Crest.

I do not give my consent for emergency medical treatment for my child. In the event of any injury or illness requiring emergency treatment, I wish Outdoor School personnel to take no action or to follow the attached instructions (which I have also communicated verbally).

Signature of Parent or Legal Guardian: _____ Date: _____

Printed name: _____ Phone: _____