



Name of participant: _____

RELEASE WAIVER-HEALTH HISTORY SCREENING

This form is to be completed by **ALL** individuals attending camp (Chaperones, Teachers, & Students)!

GENERAL RELEASE WAIVER

The undersigned, or on behalf of said minor, has asked Mile High Pines Camp (hereinafter "MHP") to be allowed to participate in activities offered at MHP. Activities may include but are not limited to: archery, rock climbing, low ropes, gaga ball, sports, hiking, Zipline, kayak or canoeing, swimming. The undersigned acknowledges that the activities involve physical exertion and other risks; is aware of the possibility of risk of injury to individuals participating or observing the activities, including but not limited to permanent disability including blindness, or death does exist; Recognizes the need to participate in the activities according to the rules which have been given and to follow directions given by any staff member; Understands that it is each participants responsibility to wear any safety gear deemed necessary by MHP; Warrants and acknowledges that his/her physical and mental condition will enable him/her to participate safely in the activity. The undersigned, or on behalf of said minor, hereby waves and releases any and all claims, demands actions, causes, of action and rights, (contingent, accrued, inchoate, or otherwise), defends and hold MHP harmless from and against any and all claims, liabilities, expenses, damages, losses, cause of action, and suits (including, without limitation, attorneys' fees and cost) arising out of, or in any way related to the participation in activities at MHP, whether caused by MHP's active or passive negligence or otherwise.

IMAGE RELEASE WAIVER

The undersigned also gives permission to MHP to use any photographs and video and audio of him/her, or said minor, for any promotional materials, including the MHP web site and social media postings, without expectation of compensation, including, but not limited to, any royalties, proceeds, and/or other benefits derived from such photographs, videos, or audio recordings.

MEDICAL RELEASE WAIVER

The undersigned also gives permission to the Medical Monitor to provide or arrange necessary transportation and to secure and administer proper treatment as needed and gives permission to release any records necessary for insurance purposes. They may also give information as necessary to all those who may be in care of the student or adult at camp. The camp first aid personnel/director/or teacher may give pain relievers to your child for minor illness complaints. They may apply calamine lotion, or equivalent, for plant-related rash reactions. Allergy medication, basic first aid, and other care based on the level of training may be given. Camp personnel might not call parents before treating for minor ailments during your child's camp stay. Some examples where you may not get a phone call may include: headaches, cold symptoms, ministration cramps, minor cuts, minor bruising, homesickness, use of as needed medications, and similar incidents. I understand that Education Code 49480 gives the camp and school medic with parent consent (given by signing this waiver), permission to communicate with the physician and counsel with the science school personnel regarding possible effects of medication.

***Please complete the next page...**

STUDENT RELEASE WAIVER-HEALTH HISTORY SCREENING (2 of 4)

EMERGENCY CONTACT INFO

Camper's Name: _____ Birthdate (mo./day/yr.): _____

Gender: Male Female Age at Date of Attendance: _____

School: _____ Dates Attending Camp: _____

Primary Emergency Contact: Mr. Mrs. Ms. Dr. _____

Relationship to the minor: _____ Day Phone: _____

Evening Phone: _____ Email: _____

Address: _____

City/State/ZIP: _____

Secondary Emergency Contact: Mr. Mrs. Ms. Dr. _____

Relationship to the minor: _____ Day Phone: _____

Evening Phone: _____ Email: _____

Address: _____

City/State/ZIP: _____

Health Information

1. Does your child have any physical limitations? If so, please describe:

2. Is your child taking any medicine with him / her to camp? NO YES

(if yes complete medication form, medication includes prescribed medication, over-the-counter medication, and vitamins.)

3. List any physical conditions or difficulties that your child has, and give specific instructions for care.
(include health conditions such as diabetes, epilepsy, motility concerns, etc.)

***Please complete the next page...**

STUDENT RELEASE WAIVER-HEALTH HISTORY SCREENING (3 of 4)

4. Please list all dietary considerations:

<input type="checkbox"/> Severe Allergy to Peanuts (airborne)*	<input type="checkbox"/> Moderate allergy to peanuts (ingested)	<input type="checkbox"/> Mild allergy to peanuts (No Epi-pen)
<input type="checkbox"/> Vegan*	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Gluten-Free
<input type="checkbox"/> Strawberry Allergy	<input type="checkbox"/> Shellfish allergy	<input type="checkbox"/> Soy Allergy*
<input type="checkbox"/> Lactose intolerant		
<input type="checkbox"/> Other: _____		
<input type="checkbox"/> Other: _____		

*Please note that we cannot provide for all allergies in entirety. We strive to keep a nut-free main menu, however, some of the products we uses are manufactured in a factory that also manufactures nut products. Vegans and person(s) with soy allergies should bring additional snacks which we can keep in the main kitchen and students can eat during scheduled meals. It is the parent or guardians responsibility to ensure that the *school/teacher* has notified CODES of their child's dietary restrictions at least 1 month prior to arrival.

4.a Please specify above dietary considerations for our menu planning purposes :

Check one: ☐ my child will need substitutes for every meal where the item(s) above is served.

☐ my child will self moderate and parents/guardians will pack snacks to be eaten at meals if needed.

☐ my child will self moderate and will not need substitutes for meals

☐ Other: _____

5. Approximate date of last tetanus booster _____. It is advised that for camp the child's last tetanus booster be within the past 10 years, or the period of time advised by your physician.

6. Date of latest physical examination: _____

7. To protect your child from possible embarrassment, but not to exclude him / her from the program, the following information is needed:

1. Do you consider your child to be in good health generally? YES NO

2. Please check below if your child is or has suffered from the following:

<input type="checkbox"/> Allergy	<input type="checkbox"/> Ear Trouble	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Asthma	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Child wears glasses or contact lenses
<input type="checkbox"/> Convulsions	<input type="checkbox"/> Hernia (Rupture)	<input type="checkbox"/> Eye Trouble
<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Menstrual Cramps	<input type="checkbox"/> Any other serious illness or operations
<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Homesickness
<input type="checkbox"/> Stomach Aches	<input type="checkbox"/> Child has been exposed to someone with a communicable disease	
<input type="checkbox"/> Sleepwalking	<input type="checkbox"/> Bed wetting (please provide your child with adult diapers to avoid embarrassment)	

Please explain any items checked: _____

Please complete and sign on next page...

STUDENT RELEASE WAIVER-HEALTH HISTORY SCREENING (4 of 4)

8. Will your child have a birthday during their camp stay? Yes / No Day: _____

9. Is there anything else you would like use to know about your child?

Please note any health problems your child may have experienced in the month prior to attending CODES School. Include flu, colds, asthma attacks, lice infestations, and the like:

NOTE: If the child has severe anaphylactic shock reaction to nuts, wasp or bee stings, please send 2 epinephrine kits. Both kits will be returned if unused. If your doctor's orders are to use Benadryl in conjunction with an EPI-Pen, please send both.

I understand that should my child be sent home because of illness, injury, disciplinary, or any other reason, no amount of the fees paid to Mile High Pines for my child to attend CODES School shall be refunded if my child did not withdraw from the program at least 2 weeks in advance of the camp start date.

I understand that my child cannot attend camp if his or her primary residence is currently infested lice or any other spreadable pest or if my child is recovering from an infectious disease or illness. I further understand that if my child becomes ill or suffers from these incidents as a result from another student unknowingly or knowingly bringing pests or infections to camp CODES and Mile High Pines is not liable.

With the understanding that a certified teacher from my child's school will be on site and available, I give permission for my child to attend C.O.D.E.S. School at Mile High Pines and to participate in the activities involved. Further, I give my permission for the camp director or designated camp staff to obtain qualified medical / surgical assistance in case of accident / illness to my child with the understanding that I will be contacted as soon as possibly if any emergency medical / surgical attention is necessary.

Parent/Guardian Signature _____ Date _____

MEDICATION FORM 1 of 2

MEDICATION FORM 2 of 2

C. Medication in a bottle from a pharmacy labeled with the child's name, dosage, and generic name of the drug. All over the counter medication sent to outdoor science school must be labeled with the child's name, the medication name and dosage, as well as times to be given. No unlabeled medication can be administered. Loose medication (without packaging) will not be administered.

II. Education Code 49480 gives the camp and school medic with parent consent, permission to communicate with the physician and counsel with the science school personnel regarding possible effects of medication.

III. Please sign below. Your signature indicates your consent as required in the above Education Code Sections 499423 and 49480

My child has my permission to take the medications to camp and for the camp first aid personnel, director or teacher to assist and/or allow my child to take the medication as indicated for:

The camp first aid personnel/director/or teacher may give pain relievers to your child for minor illness complaints. They may apply calamine lotion, or equivalent, for plant-related rash reactions. Allergy medications, basic first aid, and other care based on the level of training from camp staff may also be administered. Camp personnel will give care in accordance to training and might not call parents before treating for minor ailments during your child's camp stay. Some examples where you may not get a phone call may include: headaches, cold symptoms, ministration cramps, minor cuts, minor bruising, homesickness, use of as needed medications, and similar incidents.

Some children may have prescribed medication to take while in residence at the camp. State laws E.C. 49423 and 49480 are quite specific in stating that the school personnel must be given instruction as to method, amount, frequency, and condition for which it is indicated. Medication must be given to school personnel before arrival.

I give the permission for the school teacher/camp director/first aid personnel to give my child the following in the case of illness.

Parent/Guardian Signature

Date

Parent Check List for Medications:

<input type="checkbox"/>	All medications are appropriate for my child's age or have a doctor's note
<input type="checkbox"/>	All medications are clearly marked with my child's name
<input type="checkbox"/>	All medications are in their original packaging with dosage listed
<input type="checkbox"/>	All medications are in English and legible
<input type="checkbox"/>	All medical forms are in English and legible
<input type="checkbox"/>	All medical concerns have been communicated with school personnel
<input type="checkbox"/>	All medications are needed daily or in emergency situations
<input type="checkbox"/>	All of my child's medications are in a plastic bag (Ziplock) with my child's name on it.

NOTE TO ALL PARENTS:

We would like to serve all children quickly and effectively, however, sometimes parents overload our medical center with medications or non-medications that they would like their child to receive at camp. These slow down the care for students who have serious medical needs. Please limit or avoid sending: daily vitamins, essential oils (they will need a doctors note for these), over-the-counter generic pain reliever (we have pain reliever onsite), Pedisure or other dietary supplements (unless snacks are needed for dietary restrictions), allergy medication for students who rarely have seasonal allergies (unless they need it daily or if they have a severe allergy), we do have seasonal allergy medication for students who may have occasional needs or who have not experienced allergies until camp, medication for car sickness especially if they have no known history of car sickness.

Keep in mind, you will see your child on Tuesday before they go, and on Friday when they come home. So please ask yourself if your child can go without the items listed above for two days before you decide to send it to camp.