



# STUDENT HEALTH FORM

(Please print in black ink)

School Name: \_\_\_\_\_

Camp Attending: ☐ Fox Landing ☐ Toyon Bay

Student Name: Last: \_\_\_\_\_ First: \_\_\_\_\_

Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Health Insurance Co: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Policy No: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Additional Contact: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Date of Last Tetanus: \_\_\_\_\_

DIETARY NEEDS: ☐ Vegetarian ☐ Vegan ☐ Lactose-Intolerant ☐ Gluten-Free ☐ Food Allergies ☐ Other

Please Describe: \_\_\_\_\_

MEDICAL CONDITIONS – Please specify with ☒ for all applicable health issues:

☐ Allergy\* (Specify: \_\_\_\_\_) ☐ Migraine ☐ Epilepsy/Convulsive Disorder ☐ Car/Sea Sick  
☐ Asthma\*\* ☐ Respiratory Problems\*\* ☐ Diabetes ☐ Heart Trouble ☐ Bowel/Bladder Problems ☐ Sleep Walking

\*Is your child currently prescribed an EpiPen for allergies? ☐ YES ☐ NO

\*\*Does your child use an inhaler on a daily basis and/or for physical activity? ☐ YES ☐ NO

If you answer YES to either of these questions, the device(s) MUST accompany your child to camp in order to participate in activities.

MEDICATIONS – Please specify with ☒ for each medication that can be administered to your child:

☐ Bismuth (upset stomach) ☐ Ibuprofen (pain/fever/swelling) ☐ Caladryl (skin rash/insect bite) ☐ Guaifenesin (cough)  
☐ Milk of Magnesia (constipation) ☐ Acetaminophen (headache/fever) ☐ Banophen (skin rash/insect bite) ☐ Throat Lozenge/Cough Drop  
☐ Bonine/Meclizine (motion sickness) ☐ Diphen/Benadryl (allergy) ☐ Antibiotic Ointment (cuts/scraps)

Is the student required to take regular medication? ☐ YES ☐ NO

Note: All medications are administered by the student's school. Please provide your school with instructions and dosage for administration of medication.

WHAT ADDITIONAL MEDICAL NEEDS SHOULD CIMI BE AWARE OF? (attach additional sheet if necessary) Please explain in detail:

**IMPORTANT: A signature at the bottom of this form by a parent or legal guardian is required for participation at CIMI.**

**EMERGENCY MEDICAL CONSENT:** The Student's medical conditions and information stated on this application is complete and correct. I give permission to the CIMI camp staff and School chaperones to, (1) administer the Student's routine medications listed in this Application, as well as needed medications and over the counter medications for minor illness or discomfort; (2) in case of a medical emergency to provide appropriate first aid for minor injuries; and (3) seek further treatment from local physicians or hospitals if the medical condition warrants. In the event I cannot be reached in an emergency, I also give permission to the physician selected by CIMI or the School chaperone to examine, diagnose, and treat or secure proper treatment for the Student and hospitalize, and to order injection and/or anesthesia and/or surgery for the Student, as the physician shall determine proper and necessary under the circumstances. A photocopy of this Authorization shall be as valid and may be accepted as the original. This completed Application may be photocopied by CIMI and released to the physicians or hospitals if requested. This Consent is given pursuant to the provisions of California Family Code §6910. **CONSENT AND RELEASE OF**

**LIABILITY:** I, in my legal capacity as parent/guardian of the minor named below ("Minor"), acknowledge and agree that any use of CIMI facilities, services, equipment and premises ("Facilities") and any participation in CIMI programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease, including but not limited to exposure to, contracting, or spreading COVID-19 or any virus. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document. In consideration of Minor's use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that CIMI, its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs. I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees. In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to INDEMNIFY AND HOLD HARMLESS Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs. I give permission for CIMI to use any photographs, video, or interview taken at camp to be used to illustrate, report, promote or advertise CIMI or Guided Discoveries programs or camps.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian

Rules for acceptance and participation in Guided Discoveries, Inc. programs are the same for everyone without regard to race, color, national origin, sex, or handicap.

## ADULT PARTICIPANTS ONLY (NOT YOUTH)

# Guided Discoveries — CIMI Toyon Bay • Fox Landing • Cherry Cove

## CHAPERONE RELEASE AND WAIVER OF LIABILITY: (Please copy)

We are pleased that you have volunteered to be a chaperone for your group's upcoming trip to a Guided Discoveries program. We are looking forward to your visit and are confident that you will find the experience worthwhile. Chaperones are critical to the success of the program. While you will have a lot of fun, being a chaperone is hard work and is a big responsibility.

Safety is of paramount concern, but despite training, safety measures and emergency procedures, many of the activities in and around camp carry some inherent risk. It is for this reason that we must insist that each chaperone read the enclosed Release and Waiver of Liability, agree to its terms, sign and date the form. The completed form should be returned to the group leader well in advance of the trip.

WE REGRET THAT WITHOUT SIGNING THE RELEASE AND WAIVER OF LIABILITY, YOU WILL NOT BE ABLE TO ACT AS A CHAPERONE, PARTICIPATE IN THE PROGRAM, OR BE ON CAMPUS.

Following is information describing the nature of the activities of our various programs, and of your responsibilities as a chaperone. Should you have any questions or need any additional information about the risks involved, skills or physical demands required, please call the Program Director of the facility you will be attending.

We are confident of your understanding and cooperation and that you will have a rewarding and memorable experience.

### **Role of Chaperones:**

- ☐ Be an active part of the program, including participating in activities such as hiking, sport climbing, ropes courses, snorkeling and kayaking. Some hikes may be strenuous. Please note: due to time/equipment constraints, there may be times that chaperone participation is limited. We cannot guarantee that each chaperone will get the opportunity to fully-complete every activity.
- ☐ Supervise students during meals. Sit at tables with students, help to control noise and facilitate a pleasant dining experience.
- ☐ Supervise students in dorms. Sleep in campers' dorm, enforce dorm hours, limit general horseplay, conduct bed checks and supervise housekeeping.
- ☐ Supervise recreational activities, such as volleyball, football and Frisbee during free time. Limit general horseplay in order to prevent injuries.
- ☐ During classes, assist instructors in the control, discipline and overall safety of the students.
- ☐ Supervise sick or injured children. For minor injury or illness, a chaperone escorts the student to the first aid room, which is stocked with medication and supplies. Chaperones must consult the student's medical form before administering first aid.

## ADULT PARTICIPANTS ONLY (NOT YOUTH)

### CHAPERONE WAIVER for ALL ADULT ATTENDEES

**WE REGRET THAT WITHOUT SIGNING THE RELEASE AND WAIVER OF LIABILITY, YOU WILL NOT BE ABLE TO ACT AS A CHAPERONE, PARTICIPATE IN THE PROGRAM, OR BE ON CAMPUS.**

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We are confident of your understanding and cooperation and that you will have a rewarding and memorable experience.

\*\*\*\*\*GUIDED DISCOVERIES, INC.\*\*\*\*\*

#### CAMP PARTICIPANT'S RELEASE AND WAIVER OF LIABILITY

**This Release and Waiver of Liability is made in consideration of Guided Discoveries, Inc., ("GDI") consent to my request to be present, participate in and use the equipment at a GDI camp and programs, (the "Program").**

I have been informed of the nature and activities of the Program in which I will participate which include camping, hiking, swimming, diving, boating and transportation to and from the Program. I understand there are numerous risks associated with my presence, participation and use of equipment, which comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease, including but not limited to exposure to, contracting, or spreading COVID-19 or any virus. I understand these risks are inherent to participation in the Program and are a part of engaging in the type of outdoor sports and activities which are a major component of the Program's activities. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document. I have investigated the Program and know the types of activities in which I will engage, and I am not aware of any physical, emotional, or mental problem or limitation that would prevent or impair my participation or increase the risks involved.

With this knowledge, I accept and Assume the Risk and Full Responsibility for any personal injury, property damage, disability, death, sickness or disease, and other damage and expense which may result from my presence, participation, and or use of equipment in the Program, whether caused by the negligence of GDI, its agents, employees, landlords, lessors, or representatives, (the "GDI Parties"), or otherwise.

I hereby agree to Release, Waive, Discharge and Promise Not to Sue the GDI Parties, and each of them for any liability to me, my heirs, next of kin, and personal representatives, arising from any loss, damage claim, or cause of action that may result from my presence, participation, and or use of equipment in the Program or activities incidental thereto, and any injury, disability, illness, or disease to my person or property, including death, whether caused by the negligence of the GDI Parties or otherwise.

I further agree to indemnify, save, and hold harmless the GDI Parties and each of them, from and against any loss, liability, damage, or expense, including attorney's fees, they may incur as the result of my breach of this Agreement.

This Agreement is intended to be as broad and inclusive as permitted by, and shall be construed and governed under, the law of the State of California. If any part of this Agreement is held to be invalid the remaining terms shall remain in full force and effect.

#### PERTINENT MEDICAL INFORMATION

Please list any medical conditions that may be important during your stay with Guided Discoveries:

##### DIETARY RESTRICTIONS:

Vegetarian\_\_\_ Vegan\_\_\_ Lactose-Intolerant\_\_\_ Gluten Free\_\_\_ Other\_\_\_

##### FOOD ALLERGIES/OTHER: Please Describe:

Please list any pertinent medications:

**Emergency Contact:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**I Have Read and Understand this Agreement and its Legal Consequences and Agree to Be Bound by its Terms.**

\_\_\_\_\_  
Participant's Name (Print)

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Name

\_\_\_\_\_  
TO  
Dates of Attendance