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STUDENT MEDICAL HISTORY & AUTHORIZATION FORM

Student's Name: _____ Home Phone #: (____) _____

School Name: _____ Teacher: _____ Grade: _____

Age: _____ Birth Date: ____/____/____ Gender: Male Female

Home Address: _____
Street City State Zip

Parent #1 Name: _____ Work phone: (____) _____ Cell Phone: (____) _____

Parent #2 Name: _____ Work phone: (____) _____ Cell Phone: (____) _____

Parents Email: _____ Parent's place of work: _____

If parents cannot be reached in an emergency, please contact:

Name: _____ Relationship to student: _____

Home phone: (____) _____ Work phone: (____) _____ Cell phone: (____) _____

The following information is required to ensure that your child's individual needs are met while attending outdoor school. This information is confidential and will be made available only to those people who are directly responsible for your child's well-being. In the event of an emergency, every effort will be made to contact the parents or designated individual. For your child's safety, no child will be allowed to attend without a completed and signed Consent Medical Authorization (see below). Date of Last Physical

Family Physician: _____ Phone (____) _____ / ____/____

Insurance Carrier: _____ Policy # _____ Group ID # _____

Please check the appropriate boxes below and fill out ANY information that the outdoor school staff should be aware of concerning your child.

- Asthma
 Seizures
 Diabetes
 Headaches
 Hypoglycemia
 Hyperactivity
 Allergies
___ Pollen/grass
___ Dust/mold
___ Foods
___ Insect bites
 ADD/ADHD
 Bedwetting
 Sleepwalking
 Sleep talking
 Recent injuries
 Other _____

Please explain any medical, physical or emotional condition/reaction or other problem(s) that we need to be aware of during program, including any boxes checked: _____
List any dietary restrictions/allergies and the reactions your child has (e.g., food allergies, lactose intolerance, vegetarian, etc.) Note: If your child requires specialized care or diet, please contact us as soon as possible so that we can make arrangements: _____

I authorize the following medications to be administered as needed:
Neosporin YES NO Calamine Lotion YES NO Date of last tetanus shot: ____/____/____
Ibuprofen YES NO Acetometophin YES NO Cough Drops YES NO
Benadryl YES NO Tums YES NO In Case of Emergency Epinephrine: YES NO

MEDICATION: List **ALL** medications (including prescription medications, vitamins, and over the counter medications) your child will bring and instructions for administering. Medications must be sent in their **ORIGINAL** containers and will be administered based upon Doctor's or manufactures orders. Attach additional paper if necessary.

- This person takes **NO** medications on a routine basis.
- I am sending the following medications to be administered on an as needed basis. (Please list below)
- This individual takes the following medication on a regular basis: (Please list below)

Medication	Dosage and Time	As needed or daily?
1.		
2.		
3.		
4.		

WAIVERS Note: *Statements in this section cannot be altered, edited, or crossed out in any way.*

A. PHOTOGRAPH AUTHORIZATION: I agree that any photographs and videos taken by any Exploring New Horizons personnel shall be the property of Exploring New Horizons, and may be used by Exploring New Horizons at its discretion for any publicity, marketing, social web media and/or advertising purposes, and I hereby consent to and authorize such use without restriction or compensation.

I disagree Initials: _____

B. FUTURE CONTACT: I understand I will receive future communications and information from Exploring New Horizons regarding activities and events that are in line with its organizational mission and for the student and for the family.

I disagree Initials: _____

B. WAIVER OF LIABILITY, INDEMNIFICATION, and HOLD HARMLESS AGREEMENT

1. In consideration of being allowed to participate in Exploring New Horizon Outdoor Schools, I hereby release, waive, discharge and covenant not to sue Exploring New Horizons and their officers and employees (hereinafter collectively referred to as the "Releasees ") from any and all liabilities, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by participant, or to any property belonging to me or participant, whether caused by the negligence of the releases, or otherwise, while participating in such activity, or while in, on, or upon the premises where the activity is being conducted.

2. I am fully aware of risks and hazards connected with the activities of Exploring New Horizons, the risk of which may include but are not limited to risks associated with hiking, water activities, tide pooling, and transportation to and from sites, and I hereby elect and/or elect participant to voluntarily participate in said activity, and to enter the above-named premises and engage in such activity knowing that the activity may be hazardous to participant and participant's property.

3. I further hereby agree to indemnify and hold harmless and releases from any loss, liability, damage, or costs, including court costs and attorney's fees, that they may incur due to my or participant's participation in said activity, whether caused by negligence of releases or otherwise.

4. In signing this release, I acknowledge and represent that I have read the Waiver of Liability, Indemnification, and Hold Harmless Agreement, understand the terms and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made. As parent/legal guardian, I certify that participant is in excellent health and has no physical, mental, or emotional problems which are likely to prevent participation in strenuous physical activity. I certify that I have completed the Student Health History fully and accurately and accept full responsibility for any errors or omissions. I give permission for participant to be medically treated for illness occurring or injury sustained during such participation and certify that he/she is covered by medical insurance. All expenses not covered by Exploring New Horizons Insurance Policy shall be paid by the parent or guardian (pre-existing conditions are not covered; e.g. asthma). **I understand the legal consequences of signing this document, including (a) releasing the Corporation from all liability on my and the participant's behalf, (b) promising not to sue on my and the participant's behalf, (c) and assuming all risks of the participant's involvement in this Activity, including travel to, from and during the Activity.** I understand that I am responsible for the obligations and acts of participant as described, and I agree to be bound by the terms of this document.

5. I recognize that my child must follow safety instructions, remain in areas designated by staff and refrain from behavior that is harmful to oneself or others. Failure to adhere to program policies may cause for your child's dismissal from program. In the event that a decision is made that a student should be sent home from disciplinary reasons, homesickness or for a violation of the outdoor school rules, there will be no refund of fees and it will be the responsibility of the parents to arrange transportation home.

Signature of Parent/Guardian

Date

Name of Parent/Guardian
(Please Print)