



STUDENT HEALTH FORM / LIABILITY WAIVER

PARENTS PLEASE FILL OUT BOTH SIDES OF THIS FORM AND BRING THIS FORM TO CAMP

Student Name: _____

Parent Name: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Camp/Course: _____ Date: _____

Do you have any medical problems that we need to know about? YES ___ NO ___

If yes, specify on the second page of this form (asthma, epilepsy, diabetes, physical challenge, bee/wasp sting allergies, etc.).

Do you have any allergies to drugs or medication? YES ___ NO ___

If yes, please specify on the second page of this form.

Do you have special dietary restrictions? YES ___ NO ___

If yes, please specify on the second page of this form.

Are you taking any medications or bringing any along? YES ___ NO ___

If yes, please specify on the second page of this form.

What is the date on your most recent tetanus shot? _____

Do you have any limits on your physical activity? YES ___ NO ___

If yes, please specify on the second page of this form.

Doctor's Name: _____ Phone: _____

Covered by medical insurance? YES ___ NO ___

Company Name: _____

Name two relatives, neighbors or friends who may be called in case of emergency.

Name	Relationship	Phone
1. _____	_____	_____

2. _____	_____	_____
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PARENTS PLEASE FILL OUT BOTH SIDES OF THIS FORM



STUDENT HEALTH FORM/LIABILITY WAIVER

PARENTS PLEASE FILL OUT BOTH SIDES OF THIS FORM AND BRING THIS FORM TO FIELD CAMP

If you are below the legal age of consent (18 years) the law requires that we have your parent's permission to give medical service should the need arise.

The undersigned, who is one of the parents having legal custody, or the legal guardian, of the student named above, hereby authorizes the staff of The Glacier Institute or contracted instructor to consent to any X-ray, examination, anesthetic, medical treatment or special supervision and on the advice of a physician or surgeon licensed under the provision of the Medical Practice Act. For any illnesses or injuries, The Glacier Institute will attempt to contact me before my son/daughter is treated at any medical office, unless such treatment is so urgent it must be done before contact is made. If I cannot be reached, this authorization is effective.

We will do everything possible to make this experience safe and enjoyable. The Glacier Institute cannot, however, eliminate all possible risks inherent in these activities whether from the physical condition of the participant, forces of nature, or the conduct of our staff and other students. Possible risks include, but are not limited to: accident and/or sickness without readily available medical facilities, the forces of nature, and travel to and from locations in and around Glacier National Park. I hereby assume all of the risks involved and agree to indemnify and hold harmless The Glacier Institute, and its officers and employees, from any and all liability that may arise in connection with my child's participation in the activities at Field Camp and any other areas visited during the course in which my child is enrolled. In case of accident or illness, I will bear the cost of any evacuation procedures and medical care. I understand that I must provide my own health insurance and agree to assume any financial responsibility for my child's care.

PARENT SIGNATURE: _____ DATE: _____

DAYTIME PHONE _____ EVENING: _____

List significant medical problems:

List allergies to drugs/medications:

You are taking medications and bringing them along.

This includes any kind of medication, dietary supplements, vitamins or inhalers. All inhalers should be carried by campers at all times during camp. The same applies to epi-pens for anaphylactic shock.

I _____ (parent/guardian) give the Field Camp Staff permission to administer the following medication(s) that my son/daughter is required to take during their stay at Field Camp.

List medication and instructions for use:

Specify limits on physical activity:

Any other pertinent information we should know?