



# High Trails Outdoor Science School

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RUNNING PROGRAM IN THE  
SAN BERNARDINO NATIONAL FOREST

WWW.THEHIGHTRAILSWAY.COM

Understanding How We Can All Fit Together On One Healthy Planet

## Consent/Health Form

### STEP 1: STUDENT INFORMATION

Student Name:	School Name:
Birthdate:	Gender of Student:      Male      Female
Address:	
Parent/Guardian Name:	Primary Phone #:
Relationship:	Secondary Phone #:
Emergency Contact Name:	Emergency Contact Phone #:
Health Insurance Provider:	Policy #:
Name of Primary Insured:	Company Phone #:
Doctor's Name:	Doctor's Phone #:

### STEP 2: HEALTH HISTORY

Please contact us before the camp visit if your child is in need of an individualized health care plan during their stay.

Has / Does Your Child	No	Yes	Has / Does Your Child	No	Yes
1. Wear contacts or glasses?			9. Have diagnosed migraines?		
2. Been under a physician's care recently?			10. Have problems with diarrhea/constipation?		
3. Have a chronic or reoccurring illness?			11. Have a history of sleepwalking?		
4. Have asthma?			12. Have any skin problems (rash, itching, etc.)		
5. Have allergies?			13. Have any eating disorders or problems?		
6. Have a history of incontinence (bed wetting)?			14. Had any emotional problems for which professional help was sought?		
7. Ever been hospitalized?			15. <b>Have an up to date physical?</b>		
8. Ever had seizures?			16. <b>Have an up to date tetanus shot?</b>		
<b>Please explain any YES answers:</b>					
<b>Is there anything else we should know?</b>					

### STEP 3: PARENT/GUARDIAN PLEASE READ AND SIGN BELOW:

#### RELEASE OF LIABILITY

High Trails is an outdoor camp and operates in an outdoor setting, providing professional instruction and leadership through many activities, including, but not limited to, hiking, archery, a climbing wall, and a low ropes course. I, the undersigned parent or legal guardian of the student named above, recognize the inherent risk of injury and disability in these activities, and assume this risk for my child. I expressly release High Trails, Incorporated, its staff member and owners, and the facility site itself from all liability for any injury, sickness, pain or suffering to the above student obtained through a High Trails activity or program.

#### PERMISSION TO TREAT

I, the undersigned parent or legal guardian of the student named above, do hereby authorize and consent High Trails, Incorporated, to provide to the above name student routine health care and to administer medications as detailed above. It is understood that in the case of an emergency every effort will be made to contact the undersigned prior to rendering treatment to the patient, but treatment will not be withheld if the undersigned cannot be reached. In the case of an emergency I authorize High Trails to order any x-ray examination, anesthetic, medical or surgical treatment rendered by medical or emergency room staff licensed under the provisions of the Medicine Practice Act, or dentist licensed under the provisions of the Dental Practice Act and on the staff of any general hospital in the state of California, Department of Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care deemed advisable by aforementioned physicians in the exercise of the doctor's best judgment. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

#### PERMISSION TO ADMINISTER OVER THE COUNTER MEDICATIONS

In the event of a minor illness at camp, High Trails will give your child common over the counter remedies in appropriate age/weight dosages. (Examples: non-aspirin pain relief, pepto-bismol, etc.). **IF YOU DO NOT GIVE PERMISSION FOR THIS, PLEASE INITIAL HERE:** \_\_\_\_\_

*I acknowledge that I have read completely and fully understand all aspects of the Release of Liability, the Permission to Treat, and the Permission to Administer Over the Counter Medications, and I agree to the terms contained within them in their entirety.*

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_