EARTH Lacrosse Programs Overnight Camp: Information and Health/Medical/Treatment Form

Please scan and send to the email below or send to address below. Please try to get these forms in BEFORE the first day of camp!

Email: **marc@earthlacrosse.com OR**

Send to**: EARTH LACROSSE PROGRAMS 1844 Kiva Rd. Santa Fe, NM 87505**

US LACROSSE ID #_____ (ALL PARTICIPANTS MUST HAVE A US LACROSSE MEMBERSHIP. THIS COVERS ALL LACROSSE RELATED ACTIVITIES!

Please Circle Camp Session(s):

Varsity Week (July 25-29) JV Week (August 1-5)

Participant's Name_____ Nickname_____ Date of Birth _____/_____/_____ Age on 1st Day of Program _____

Gender: Male Female Other
Participant's Address_____ Home Phone_____

Address (continued)_____ Email _____
City_____ State_____ Zip _____

Present School_____ Grade _____
Siblings' Names and Ages_____

Legal Guardian 1: Name_____ mother father other_____
Occupation_____ Work Phone_____ Home Phone _____ Cell Phone_____ Fax_____ E-mail _____ **Legal Guardian 2:** Name_____ mother father other_____
Occupation_____ Work Phone_____ Home Phone_____ Cell Phone_____ E-mail_____ **Other Important Caregiver** Name_____ Relationship to Camper_____
Occupation_____ Work/Cell Phone_____ Home Phone_____

How did you learn about EARTH Lacrosse Programs? Friend Web Class Trip Other Please Give Details on Above_____

REQUIRED SIGNATURES

VERY IMPORTANT • PLEASE READ THIS PAGE CAREFULLY

PHOTO RELEASE

By signing below I hereby grant free permission for EARTH LACROSSE PROGRAMS to use images of enrolled participant in their programs or events for outreach purposes, including but not limited to electronic or printed materials or media. Please consider granting this
release to us if at all possible, as our ability to successfully share our program with new participants depends on having representative photographs.

Parent/Guardian signature Date

NO, I do not wish to grant a photo release.

Parent/Guardian signature _____ Date _____

At EARTH LACROSSE PROGRAMS, each camper's safety is our highest priority. We take all reasonable precautions to ensure your child's physical and emotional wellbeing. However, as with any other experience, we cannot eliminate all risk from our programs. By signing the following statements you acknowledge that you understand the risks, assume liability for your child's participation, and certify that your application is complete and truthful.

ACKNOWLEDGEMENT OF RISK

I understand that the program takes place in rocky, mountainous and forested terrain and that water activities are a part of the experience. The following potentially hazardous activities, as well as others not mentioned, may be undertaken: building natural shelters, hiking, wading, cooking, fire building, use of tools. These activities can cause personal injury, property damage, illness or death.

Parent/Guardian signature _____Date _____

ASSUMPTION OF LIABILITY

In recognition of the potential hazards, I, or my children, my heirs and assigned, do hereby release EARTH Programs and it's employees, agents, volunteers, program participants and anyone else acting in any capacity on their behalf (hereinafter, collectively referred to as "EARTH LACROSSE PROGRAMS") from any and all liability, actions, causes of action, debts, claims and demands of every kind and nature whatsoever, and specifically including any claim for negligence or negligent acts, arising from my child's participation in an EARTH Lacrosse program. I further agree to hold harmless and indemnify EARTH LACROSSE PROGRAMS and its agents for all defense costs, including my attorney's fees and any other costs resulting in connection with my child's participation.

Parent/Guardian signature _____Date _____

STATEMENT OF COMPLETENESS

All of the information on this Participant Application form is confidential and will only be shared with the appropriate EARTH LACROSSE PROGRAMS staff. Participants with a variety of medical/psychological/physical conditions or problems have successfully participated in our programs but WE MUST BE AWARE OF THESE CONDITIONS. Other Participants, staff, and the applicant are all put at
risk when this information is withheld.

I understand that if my child arrives at camp with a pre-existing condition, injury or other health problem not indicated on this application which EARTH LACROSSE PROGRAMS staff discovers because of its negative impact on my child's experience, fellow campers, staff, or the camp program, my child may be asked to leave the program s/he is attending and I will receive no refund of tuition. I hereby certify that I have answered all questions on this application and the parent questionnaire truthfully and completely. If circumstances change between today and the first day of the program so that this application is no longer truthful or complete I certify that I will fully inform EARTH LACROSSE PROGRAMS of the new circumstances.

Parent/Guardian signature _____Date _____

DAY CAMP HEALTH EXAM/RECORD

Physical Exams are Valid for 2 Years From Date of Last Examination

Name _____Date of Birth_____Phone_____
Guardian_____Address _____
Emergency Contact _____Telephone_____ Date of Arrival at Camp _____ Departure Date _____

Is applicant covered by any hospitalization care policy? Yes No
Insurance company name Policy Number _____ Address City _____
State ____ Zip _____ Does insurance company require pre-authorization? Yes No If yes, phone ( ) _____

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ALL FIELDS MUST BE COMPLETED IN FULL
****PLEASE ATTACH PHYSICAL EXAM RECORDS; INCLUDING IMMUNIZATION RECORDS****
Immunization Records must contain dates. See note below for more information on Immunization Records
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1. Allergies - List below. Include foods, insects, plants and medications. Describe your child's reactions and any medication required.

2. Does your child have any special dietary requirements? yes no If so, please describe.

3. Height _____ Weight _____
4. Medications your child is currently taking - List the dosage, condition it is for and any side affects experienced. **If your child needs to take any medications at camp, please be sure to complete the authorization for self-administration on pages 5 & 6.**

5. Describe your current physical exercise activity. Include frequency, duration and intensity.

Date of your last tetanus booster: _____. Who gave the booster? _____

Their phone number: _____.

7. Answer "yes" or "no" below.

a. Seizure within past year _____
c. Family history of heart attack _____
d. Hospitalization within past 2 years _____
e. Emergency Dept. visit within past year _____
f. Neck, back, shoulder, knee, ankle pain or injury _____
h. Other medical issues, illnesses or symptoms _____

Give details on any question for which you checked "yes". Include symptoms and/or any restrictions.

8. If you check "yes" to any of the following questions, we strongly suggest that you consult with a health care professional to determine whether your health status is sufficient for you to participate in the program:

a. High blood pressures (or currently being treated)
b. Heart murmur
c. Heart issues (current or prior heart disease, irregular heart beat, history of heart attack) d. Chronic, on-going disease such as diabetes, seizure disorder, bleeding disorder
e. Chest pain/pressure, heart palpitations, frequent unexplained or heart-related dizziness or fainting, sweats or weak spells f. Severely over weight

Describe in detail any of the above for which you checked "yes" (include additional sheets if necessary)

GUARDIAN SIGNATURE REQUIRED

I hereby give consent for emergency hospitalization for _____ (print participants name) if it becomes necessary as a result of his/her participation in a EARTH LACROSSE PROGRAMS. I understand that the program is a physically and mentally strenuous activity and may be in a remote wilderness area far from the facilities of civilization.

The information provided above is a complete and accurate statement of the physical and psychological factors that may affect my child's participation in an "EARTH" program. I realize that failure to disclose such information could result in serious harm to my child and fellow students and agree to indemnify and hold EARTH LACROSSE PROGRAMS harmless if all relevant information is not disclosed. I also agree to notify EARTH LACROSSE PROGRAMS should there be any change in my child's health status prior to the start of the program.

Parent/Guardian's Signature _____ Date _____

THIS PAGE TO BE COMPLETED BY MEDICAL PRACTITIONER

Print name of medical care provider: _____
Medical care provider's address: _____
Medical care provider's City/Town: _____ ST____ Zip Code_____

Date of Physical Exam ___/___/___

___May participate in all camp activities
___May participate except for**:**_____
_____

I hereby certify that all medical information presented on the previous pages as well as included physical exam and immunization records are complete and accurate to my knowledge.

_____

Signature of Physician, PA, APRN,RN

_____ Date form signed _____

Telephone Number .....

PRESCRIBER'S AUTHORIZATION FOR SELF-ADMINISTRATION OF MEDICATIONS

Fill out if relevant.

Name of Child _____ Date of Birth ___/___/___Today's Date___/___/___
Medication Name_____ Controlled Drug? Yes No Dosage
_____ Method _____ Time of Administration _____

Specific Instructions for Medication Self-Administration

Medication Administration: Start Date ___/___/___ Stop Date ___/___/___ Relevant Side Effects of Medication
_____ Plan of Management for Side Effects
_____ Known Food or Drug: Allergies? Yes No
Reactions to? Yes No Interactions with? Yes No If "yes" to any of the above, please explain
_____

Prescriber's Signature _____

PARENT/GUARDIAN'S REQUEST AND AUTHORIZATION FOR SELF-ADMINISTRATION OF MEDICATIONS

Fill out only if relevant

I hereby consent for _____ (*name of child)* to self-administer the medication below while attending camp with EARTH LACROSSE PROGRAMS. I hereby certify that the child above has previously had at least one dose of the prescribed medication listed and did not have an adverse reaction from it. I understand that it is my responsibility to furnish this medication. I acknowledge that Wolf Tree Programs LLC incurs no liability for any injury resulting from the self-administration of medication and I agree to indemnify and hold EARTH LACROSSE PROGRAMS and its employees and agents, harmless against any claims relating to the self-administration of such medication.

Parent/guardians requesting that a medication be self-administered by their child while at camp shall provide the program with appropriate written authorization before any medications are administered.
Medications must be in the original container and labeled with child's name, name of medication, directions for medication's administration and date of the prescription. All unused medication will be destroyed if not picked up within one week following the camper's departure at the end of camp.

I request that medication be self-administered by my child as described and directed on previous page.

Child's Full Name _____

Name of Parent/Guardian Authorizing Self-Administration of Medication_____

Relationship to Child: Mother Father Guardian/Other explain: _____

_____ _____

Signature of Parent/Guardian Authorizing Self-Administration of Medication Date

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Name of Camp Personnel Receiving Written Authorization _____

Title/Position _____ Signature (in ink) _____