

CIMI Catalina Island Marine Institute at Fox Landing

STUDENT APPLICATION –MEDICAL FORM

SCHOOL: _____

STUDENT INFORMATION (COMPLETE IN FULL)

Do not staple or copy on colored paper

Check all applicable conditions of student and explain below.

Student's Last Name	First	Middle Initial	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Street Address (Home)				
City	State	Zip Code	Home Phone #	
Parent or Guardian				
Street Address (work)				
City	State	Zip Code	Work Phone #	
Emergency Contact Other Than Parent				
Name				
Street Address	City	State	Zip Code	
Home Phone	Work Phone	Relationship		
Name of Your Insurance Company			Policy Number	
Address of Your Insurance Company			Phone #	
Family Physician			Phone #	
Student Age	Height	Weight		

- Allergies (general)
- Allergy to bee stings
- Asthma
- Backaches or weak back
- Bowel or bladder problems
- Car/Sea sickness
- Epilepsy or convulsive disorder
- Hay fever
- Headache
- Heart trouble or murmur
- Poison oak
- Respiratory problems
- Sinus trouble
- Sleepwalking
- Vomiting
- Diabetes
- Other

Explain:

Is student capable of participating in snorkeling and hiking? Yes No
Explain:

Any other important medical needs?

Any food allergies? Yes No
Explain:

Date of last Tetanus:

Is the student required to take regular medication? Yes___ No___ (all medications are administered by the chaperones from the student's own school)

Please provide instructions (dose) for administration of medication:

Is the student taking medication for ADHD or ADD? Yes___ No___

Does the student have an inhaler? Yes___ No___ When should it be taken, and are there any warnings?

Check those nonprescription medications we may have permission to give your child under the supervision of your child's classroom teacher.

YES	NO	YES	NO
___	___	___	___
___	___	___	___
___	___	___	___
___	___	___	___
___	___	___	___
___	___	___	___
___	___	___	___
___	___	___	___

Medical Consent

The student's medical conditions stated on this application are complete and correct. I hereby give permission to the Catalina Island Marine Institute (CIMI) camp personnel to administer First Aid and to arrange for medical care and treatment in case of a medical emergency. I also give permission to the physician selected by CIMI camp personnel to examine, diagnose and treat or secure proper treatment for the student as the physician shall determine is proper and necessary under the circumstances. A photocopy of this authorization shall be as valid and may be accepted as the original.

Parental Authorization

I have been informed of the nature of the CIMI program in which the student is enrolled. I understand there are risks associated with the student's participation in the program activities generally described in this pamphlet and transportation to and from the camp, which pose a threat of injury, illness or death. The undersigned is familiar with outdoor sports and activities and the student's abilities, and I am not aware of any physical, emotional or mental problem or limitation that would prevent, impair or increase the risks involved in the student's participation in CIMI activities.

With this knowledge, I grant permission for the student to participate in all camp activities and on behalf of the undersigned and the student I accept and assume the risk and full responsibility for injury, illness, death or loss of personal property or other damage, and medical or other expense resulting from the student's presence at CIMI.

I hereby release and discharge Guided Discoveries, Inc., CIMI and their agents and employees from liability to us and to the student for any and all losses, damages, and expenses and any injury to person or property, including death, resulting from the student's travel to or from CIMI and participation in the program.

I agree to direct the student to comply with all CIMI rules and policies and to cooperate with CIMI personnel. I understand and agree that if the student fails to comply with the rules and policies, he or she may be expelled from CIMI and sent home at my, parent or legal guardian's expense. I authorize CIMI to use photos, audio and/or video recordings of my child, and quotations from conversations and correspondence, for use on the internet, websites, youtube.com, social networking sites and in brochures, displays and promotional materials without compensation. **Advertising Statement:** I authorize CIMI to use photos, audio and/or video recordings of my child, and quotations from conversations and correspondence, for use on the internet, websites, youtube.com, social networking sites and in brochures, displays and promotional materials without compensation. To opt out of the Advertising Statement, check this box

Date _____ Signature _____
Parent or legal guardian

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