

Mount Rainier Institute

STUDENT HEALTH AND ASSUMPTION OF RISK FORM (page 1 of 2)

A Health and Permission Form must be completed for each participant attending the Mount Rainier Institute (MRI) programs. No participant will be allowed to participate in Mount Rainier Institute programs or activities without a completed and signed form on file.

Please type or print

Name of School: _____ Date: _____

Participant's Name: _____ Birth Date: _____ Age: _____ Sex: M ___ F ___

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone () _____ Cell () _____ E-mail: _____

Emergency Contact: Parent/Guardian Name: _____

Work Address: _____ City: _____ State: _____ Zip: _____

Work Phone () _____ Cell () _____ E-mail: _____

If neither parent/guardian is available in an emergency notify:

Name: _____ Relation: _____

Work Address: _____ City: _____ State: _____ Zip: _____

Phone () _____ Cell () _____

Insurance and Medical Information:

Name of Parent/Guardian carrying health insurance: _____

Insurance Co.: _____ Policy Number: _____ Phone () _____

Health History: To ensure that your child has the most positive experience possible, please answer the medical questions listed below-Attach additional sheets as necessary

Allergies: insect stings, medications, hay fever, asthma, other. Please list severity of condition and treatment, (i.e. ice, prescription, over-the-counter medications).

Dietary Restrictions: Please list food allergies, reaction to food, and any treatment used; also list any religious or vegetarian restriction or requirements. If you have any dietary restrictions please also submit a Participant Dietary Restriction Form directly to Mount Rainier Institute at least 2 week prior to your arrival date.

Health Problems/Concerns: (Please include sleepwalking, night-time use of restroom, diagnosed behavioral or learning disabilities).

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Health and Permission Form continued

Participant's Name: _____

Name of School: _____

Medications: Please list any medications that will be taken while at Mount Rainier Institute:

Please list any serious or chronic medical conditions; or recent illness/surgery that may impact your participation.

Name of family physician: _____ Primary Location: _____ Phone: _____

PARENT/GUARDIAN MEDICAL AUTHORIZATION AND RELEASE STATEMENT (agreement, indemnification, and assumption of risk)

The health history is correct so far as I know, and I hereby give permission for my child to participate in all program activities including field trips and transportation to learning sites, except as noted by me and/or an examining physician.

I acknowledge that there are risks inherent in any youth program, including but not limited to injury or death arising from: participation in sports; participant's failure to follow instructions of supervisors; hiking & backpacking; snowshoeing; service and research projects; and wildlife and nature observation; communicable illness; and independent acts of third parties not under the control of supervisors. I acknowledge that all risks cannot be prevented, and assume those beyond the control of the University staff. I represent that my minor child is able, with or without accommodation, to participate in the Mount Rainier Institute program, is able to participate, and have obtained the required immunizations. Should my minor child require emergency medical treatment as a result of accident or illness arising during participation at Mount Rainier Institute, I consent to such treatment. I acknowledge that the University of Washington does not provide health and accident insurance for Mount Rainier Institute participants and I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment.

(Please check one)

I hereby grant Mount Rainier Institute the right to photograph my child and use the photo and/or other digital reproductions of him/her or other reproductions of his/her physical likeness or work samples for publication processes, whether electronic, print, digital or electronic publishing via the Internet.

Please do not photograph my child.

Signature of Parent/Guardian

Date

No, I do not want to receive information about Mount Rainier Institute in the future.