

2018 Sand to Stone Medical Form

Introduction

Please note that forms are child-specific: if you have multiple children attending our trips, you will fill out one form per child. This form is for:

First Name _____

Middle Name _____

Last Name _____

Allergies

Does your child have any allergies? (Circle One) Yes No

If yes, please list _____

Other Medical Conditions _____

Please indicate any significant health history, mental health history, or medical condition(s) of which we need to be aware.

Medical History

Does your child have any medical history we should know about?
(Circle One) Yes No

If yes, please explain

Medical Authorizations and Consents

Sand to Stone Parent Consent Form for Camper Medications 2018

As the undersigned parent or person having legal custody or serving as guardian of the above-named child, I understand that all medication, whether provided by me or by Sand to Stone, will be kept by the parent, or in the Sand to Stone first aid kit and will be administered as indicated below for the current camping trip by a designated member of the Sand to Stone medical team.

EXCEPTION: I understand that children with asthma, diabetes, or other life-threatening conditions may carry their medication.

OVER-THE-COUNTER MEDICATION I do hereby authorize Sand to Stone medical team members to administer minor first-aid treatment when warranted. I further authorize Sand to Stone personnel to administer the following non-prescription medication: Acetaminophen, Antacids, Diarrhea medications, Ibuprofen and Throat Lozenges. If I do not authorize Sand to Stone personnel to administer any of these over-the-counter medications, I agree to include them in the "Allergies" section of the Sand to Stone Medical Information Form. I have read the medication label(s), and my child does not have any health problem that could be made worse by taking this medication. My child is not taking any other medication at home that could interact with this medication and cause unwanted side-effects. I will notify the Sand to Stone in writing if I want this medication stopped.

Authorization / Consent to Medical Treatment

In the event my child becomes ill during a Sand to Stone event and I cannot be reached, Sand to Stone is authorized by me, in its sole discretion, to take one or more of the following actions:

1) take my child to his physician listed below; 2) take my child to a hospital and give consent to medical care; or 3) release my child to any of the people listed below. The undersigned hereby acknowledges and agrees that Sand to Stone is not and shall not be financially responsible for any medical care or transportation costs provided for or on behalf of my child. The undersigned agrees to reimburse Sand to Stone for any such costs.

I hereby release my child to any of the people listed below in the case that I am unable or unavailable to provide or direct care of my child:

Full Name _____

Phone Number _____

Alternative Phone Number _____

Full Name _____

Phone Number _____

Alternative Phone Number _____

Full Name _____

Phone Number _____

Alternative Phone Number _____

Preferred Physician Contact Information

In the case that my child needs a primary care physician, please take them to the following licensed medical physician:

Physician Name: _____

Physician's Practice Address: _____

Physician Phone Number: _____

2018 Medical Form

Health Insurance Provider: _____

Policy Number: _____

Group Number: _____

Dental Insurance Provider: _____

Dental Policy Number: _____

Dental Group Number: _____

PARTICIPATION IN CAMPING OR DAY TRIPS

Please note: The following Release and Authorization shall be effective for camping of day trips in 2017 and no separate release or authorizations will be required by the undersigned or sought by Sand to Stone. If the undersigned desires to modify or rescind the following Release and Authorization, the undersigned shall be solely responsible for making such modification or rescission in writing and delivering it to the Sand to Stone before such modification or rescission becomes effective. I give my consent for my child to participate in Sand to Stone camping or day trips with transportation being provided by the father, a friend of the immediate family, other representatives of Sand to Stone. I understand that by participating in camping or day trips, my child will be exposed to the risk of serious injury, including but not limited to injuries such as sprains and fractures, and injuries that could result in brain damage, paralysis, or even death. I understand that some trips have a higher risk factor than other trips. I understand, acknowledge and agree that Sand to Stone does not assume any responsibility in case an accident occurs. In consideration for my child being permitted to take part in such activities and to make such trips, I hereby waive all claims, and I release, indemnify, defend and hold harmless Sand to Stone, its director, its employees and invitees together with all persons, including parents of children of Sand to Stone attendees, assisting with any phase of such activities and trips, from any and all liability claims, suits, demands or causes of action, including any accident or injury suffered by my child while involved in such activities and trips. I

further authorize Sand to Stone to share any of the information contained in this form, to the extent Sand to Stone deems necessary, for the provision of care and/or supervision to my child. I will contact the director of Sand to Stone if my child's physician recommends any limitations to physical activity.

Father Signature:

Signed: _____

Signature Date _____

Spouse Signature (if applicable):

Signed _____

Signature Date _____