Permissions and Medical Forms

Your student's overnight Outdoor School takes place at Camp Myrtlewood on_____.

Outdoor School Permission, Health, and Medical Form

This is a confidential form for teacher and Site Lead use only, to be archived and destroyed.

All students and adults participating in Rogue ODS programs must fill out this form completely. Return this form to your teacher/group leader as early as possible. PLEASE PRINT CLEARLY IN BLUE OR BLACK INK. Note: teachers and chaperones are responsible for all medical issues at Rogue Outdoor School. A health officer (usually the teacher) is responsible for all medical and insurance information for each student and adult, and for collecting all medication and ensuring that each student receives medications as prescribed.

Participant Information

Participant Name: _____ Birth Date: _____ Age: ____ Gender: _____

Parent/Guardian: _____ Cell Phone: _____ Alternate Phone: _____

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Participant's Street Address: _____

City, State, Zip: _____ Home Email: _____

A parent/guardian will be contacted first whenever possible.

Emergency Contact: _____ Relationship: _____ Phone: _____

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Health Care Provider Information

Doctor's Name: _____ Phone: _____

Insurance Provider: _____ Policy Number: _____

Is the participant currently receiving mental health services? _____ If yes, may we contact them in a mental health emergency? _____ Provider Name: _____ Phone: _____

Health History

Please check all that apply:

	Allergies (***please note below)		Mobility issues
	Asthma or breathing condition		Physical injuries (recent)
	Bowel or bladder condition		Seizure condition
	Diabetes		Skin condition
	Emotional/behavioral or learning concerns		Sleep walking
	Hay Fever		Vision condition
	Hearing condition		Other chronic or recent illness or surgical procedure:
	Heart condition		

Please provide more specific information about identified health concerns including treatment needed while at Outdoor School:

Are there any activity restrictions (i.e. strenuous hiking, tug-of-war, etc.)?

Special dietary needs (examples: food allergies, vegetarian, vegan, gluten free, Halal, Kosher, etc.):

Other pertinent health information or physical, emotional, behavioral, or learning concerns:

Permissions

In case of medical or surgical emergency, I hereby give permission to the Outdoor School Coordinator to arrange transport for my child, as named above, to the hospital for evaluation by a healthcare provider.

Legal Parent/Guardian Signature: _____ Date: _____

My child has my permission to participate in all sessions and field trip activities. I am this child's parent or legal guardian, who is under the age of 18 years and who wants to participate in Rogue Outdoor School's programs. In consideration of my child's or ward's participations in the programs, I hereby release, waive, and discharge Rogue Outdoor School, and all of its instructors, employees, officers, directors, agents, and volunteers from any and all liability to me, to my child or ward, and to all my legal representatives, assigns, heirs, and next of kin for damage and injury to my child or ward or to any person or property arising out of participation in the program, whether on Rogue Outdoor School's premises or elsewhere. This agreement includes but is not limited to claims or demands on account of injury or damage caused or allegedly caused by the negligence of Rogue Outdoor School or any of the individuals listed above.

Participant's Name: _____ Date: _____

Adult Participant or Parent/Guardian Signature: _____

Outdoor School Photo Release Waiver

At ODS we encourage teachers and staff to take photos of the activities as students are asked to leave electronics at home. We love to share pictures with classrooms, on our website and occasionally for flyers and promotions. We honor your privacy and ask for your permission to take photos and/or videos of you and/or your student(s) while at ODS. If you wish for your student(s) or yourself to not be photographed please indicate that below.

I hereby authorize Rogue EE and Camp Myrtlewood to record my likeness and/or voice in a video or photo medium and use my name in connection with such recordings. I authorize Rogue Environmental Ed to use, reproduce and exhibit recordings and photos for the purpose of promotion, education and other lawful purposes. I release and waive my rights to the ownership and compensation for such uses and understand that all recordings shall remain the property of Rogue EE and Camp Myrtlewood. I certify that I am 18 years of age or older or that my parent/guardian has signed below.

Please indicate:

▢ **Yes, I accept photo release**

▢ **No, I do not accept photo release**

Participant Name: _____ School Name: _____

Participant Signature: _____ Date: _____

Parent/Guardian Signature (if under 18): _____