

PART II - CONSENT AND WAIVER

Student LAST Name	Student IRST Name	DOB:
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The Wilderness School conducts physically demanding courses of up to twenty days in length. The program is not a summer camp experience. The student must be emotionally as well as physically prepared for the rigorous demands of the experience. Students participate in back country expeditions that may include hiking, canoeing, rock climbing, a high ropes course, a service project, an 8.5-mile marathon run and a solo experience. Students sleep in tarps inside sleeping bags for the entire course. Students carry thirty to fifty pound backpacks on average of eight miles per day and for extended periods.

All participants must be free of all medical or physical conditions that might create undue risk to themselves or others who depend upon them. All medication is supervised by Wilderness School staff. Wilderness School requires that each youth submit a copy of their **State of CT Department of Education, Health Assessment Record** dated within two calendar years of the course start date. There are three Medication Administration forms – one is for **Non-Prescription Medication (OTC)** - we recommend that students be authorized for either ibuprofen or acetaminophen as well as anything else that the youth may need. If the applicant is taking any prescription medication that is prescribed by a Pediatrician, please have the prescriber complete the **Medication Authorization (Pediatric) form**. If the youth is taking medication prescribed by a Psychiatrist or mental health professional, please have the prescriber complete the **Medication Authorization (Psychiatric)**.

The Wilderness School provides ample and nutritious meals prepared by the student. Special dietary requirements cannot always be met. All drinking water from natural sources is purified by boiling or by use of a chemical (iodine) water purification treatment. Personal hygiene and self-care are limited to a primitive wilderness setting (cold water bathing). Toilet facilities are limited to latrines and outhouses. Expeditions occur in remote areas and in all types of weather, including wind, rain, cold, heat and electrical storms. Additional environmental hazards include potential exposure to diseases such as Rabies, Lyme disease, or Giardia through contact with animals, insect bites and stings. Due to the remote environment, contact with students is through mailed correspondence only. While the course is stressful, it is expected that any person with normal physical and mental abilities can complete the program successfully. The use of tobacco, alcohol, and illicit drugs is prohibited.

CONSENT AND WAIVERS **PLEASE CHECK**

1. There are certain inherent risks to be assumed when participating in activities of a physical nature and the student may risk personal injury. Wilderness School Instructors will inform students of safety rules and will conduct all activities in a safe manner. Students also have a role in maintaining the safety of the group. Students should call to the attention of the Instructors any situation that seems to be a possible danger to any Wilderness School student or staff. This could include: A. Broken equipment; B. Feeling sick or very tired; C. Having considerable trouble performing or learning a skill. I acknowledge that I have been advised of the potential risks.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. We have read the above information and understand the physical and stressful nature of the 20-Day, 7-Day or 5-Day Expedition, and the nature of the student population. Consent is granted for the student to attend the Wilderness School and to participate in the Follow-Up activities of the program. As a student, I will wear any required equipment, and follow the directions of the Wilderness School staff at all times. I understand Behavioral Policy violations or other inappropriate behaviors will lead to removal from the course.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Permission is granted for the student to be transported in a motor vehicle operated by an employee of the Department of Children and Families to and from Wilderness School activity sites.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Permission is granted by the parent/guardian and student identified above for <u>any medical treatment, emergency anesthesia and/or operation that might become necessary.</u> For DCF Committed Youth Only: Permission will be obtained from DCF Worker or DCF Careline for any medical treatment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

STUDENT PHOTO/VIDEO RELEASE

1. Permission is granted for the Department of Children and Families to photograph the below named student and create slide documentation of the Wilderness School course.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Permission is granted to the Department of Children and Families to use the photographs and slides in all aspects of Wilderness School functions including slide shows, orientations and also public information materials such as newsletters, websites, brochures or pamphlets and newspaper or journal articles.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. I understand that the student listed below will be identified by first name only in any material available to the public. I authorize the use of any such photographs or slides of me without restriction as to time, except that I retain the right to revoke this authorization at any time.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Parent / Guardian Signature	Parent / Guardian Name:	Date:
Student Signature:	Student Name:	Date:

PART III - EMERGENCY EPINPHRINE CONSENT

As authorized by the State of CT Legislature, the Wilderness School Youth Camp Physician will provide standing orders for Wilderness School Staff to use Epinephrine and Diphenhydramine (i.e. Benadryl) in **life threatening emergency situations in wilderness settings**. All staff are trained and certified in emergency use and administration by the Wilderness School Youth Camp Physician. Medication is supplied by Wilderness School.

Medication:	Dosage and Frequency:	Route:	Reason for medication:	Parent Signature:
Epinephrine (Epi-Pen, 0.3 mg)	As needed in Medical Emergency	Injection (Subcutaneous)	Life threatening emergency in a wilderness setting	
Antihistamine, Diphenhydramine HCL, 25 mg caplet	As needed in Medical Emergency	Oral	Life threatening emergency in a wilderness setting	

PART IV - HEALTH INSURANCE INFORMATION: (Please submit a copy of your insurance card)			PLEASE CHECK	
Is the applicant covered by hospitalization and medical care policy?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, name the Insurance Company issuing the policy:		Policy Number:		
Does the above insurance policy pay for prescription medication?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If NO , I will assume full responsibility for any medical costs incurred while my son/daughter is at the Wilderness School.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
PART V - AUTHORIZATION FOR DISCLOSURE OF INFORMATION:				
I authorize the Wilderness School to disclose/obtain the information indicated below pertaining to:				
Student LAST Name	Student IRST Name	DOB:	Age:	
To/From (List all appropriate providers, referring agents and/or individuals):				
<p>This authorization covers information files and records even though such are considered confidential by the source, i.e. schools, doctors, or hospitals and includes, but is not limited to, juvenile or adult court records, police records, psychiatric records, medical records (including HIV-related information), and reports from the Wilderness School.</p> <p>This consent to disclose/obtain may be revoked by me by a written request at any time. This consent expires upon completion of the three-phase (Orientation, Expedition, and Follow-up) Wilderness School program.</p> <p style="text-align: center;">Confidentiality of records is required by Connecticut Statutes, Chapter 320, Section 17-431. Therefore, the received information shall not be transmitted to a third party without prior consent or other authorization as provided in the statutes.</p> <p>Pursuant to Connecticut Public Act 89-246, parties to whom this information is disclosed will be informed:</p> <p>This information has been disclosed to you from records whose confidentiality is protected by State Law. State law prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by said law. A general authorization for the release of medical or other information is not sufficient for this purpose.</p>				
Parent / Guardian Signature		Parent / Guardian Name:		Date:
Student Signature:		Student Name:		Date: