

Participant's Name: \_\_\_\_\_

School: \_\_\_\_\_



## CODES RELEASE WAIVERS



This form must be completed by **ALL** individuals attending camp: Students, Teachers, Chaperones, and Aides.

### GENERAL RELEASE WAIVER:

The undersigned, or on behalf of said minor, has asked Mile High Pines Camp (hereinafter "MHP") to be allowed to participate in activities offered at MHP. Activities may include but are not limited to: archery, rock climbing, low ropes course, gaga ball, sports, hiking, zip line, kayaking/canoeing, swimming. The undersigned acknowledges and understands that: (1) MHP activities involve physical exertion and other risks, (2) the possibility of risk of injury to individuals participating or observing the activities, including but not limited to permanent disability including blindness, or death does exist, (3) the need/requirement to participate in the activities in accordance with the rules that are given and to follow directions given by any staff member, (4) it is each participant's responsibility to wear any and all safety gear deemed necessary by MHP, (5) a participant's physical and mental condition will enable him/her to participate safely in the activities. The undersigned, or on behalf of said minor, hereby waves and releases any and all claims, demands, actions, causes of action and rights (contingent, accrued, inchoate, or otherwise), defends, and holds MHP harmless from and against any and all claims, liabilities, expenses, damages, losses, cause of action, and suits (including, without limitation, attorney's fees and costs) arising out of, or in any way related to, the participation in activities at MHP, whether caused by MHP's active or passive negligence or otherwise.

**Initials:** \_\_\_\_\_

### IMAGE RELEASE WAIVER:

The undersigned, or on behalf of said minor, also gives permission to MHP to use any photographs, video and audio of him/her for any promotional materials, including MHP websites and social media postings, without expectation of compensation, including, but not limited to, any royalties, proceeds, and/or other benefits derived from such photographs, videos, or audio recordings.

**Initials:** \_\_\_\_\_

### MEDICAL RELEASE WAIVER:

The undersigned, or on behalf of said minor, gives Mile High Pines Camp permission to provide or arrange necessary transportation, to secure and administer proper treatment as needed, and gives permission to release any records necessary for insurance purposes. They may also give information as necessary to all those who may be in care of the camper or adult at camp. The camp first aid personnel, director, or teacher may give pain relievers to myself/my child for minor ailments/complaints such as applying calamine lotion, or equivalent, for plant-related rash reactions, allergy medication, basic first aid, and other care based on the level of training may be given. I understand that camp personnel may not call parents/guardians before treating minor ailments during my child's camp stay. This is often the case for ailments such as headaches, cold symptoms, menstruation cramps, minor cuts, minor bruising, homesickness, use of as needed medications, etc. I understand that Education Code 49480 gives the camp and school nurse consent and permission to communicate with my child's/my physician and gain counsel regarding the possible effects of medication.

**Initials:** \_\_\_\_\_

Participant's Name: \_\_\_\_\_

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**INFECTIOUS & CONTAGIOUS DISEASE WAIVER:**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization (WHO). As a result, federal, state, and local governments and agencies recommend industry specific mitigation measures including but not limited to vaccination, mask wearing, increased personal hygiene practices, increased cleansing and sanitization procedures. We are maintaining compliance with local and federal mandates to ensure your safety and have enacted preventative measures and programming adjustments to reduce the spread of COVID-19, but we cannot guarantee that you, your child, or your family members will not become infected with COVID-19.

By participating in programs, services, and activities at our facility, you agree to the following:

On behalf of my child and myself, I hereby release, covenant not to sue, discharge, and hold harmless Mile High Pines Camp, its employees, agents, and representatives, of and from all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating to your participation in our programs, services, or activities. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of Mile High Pines Camp, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any camp-hosted or programmed event.

**Parent/Guardian Signature (for all 4 waivers):** \_\_\_\_\_ **Date:** \_\_\_\_\_

CODES at Mile High Pines | 909-794-2824 x102 | www.CODESchool.com | 42739 State Hwy 38, Angelus Oaks, CA 92305

I opt out of promotional/marketing outreach.

Participant's Name: \_\_\_\_\_

School: \_\_\_\_\_

### EMERGENCY CONTACT INFO:

Participant's Name: \_\_\_\_\_

Birthdate (MM/DD/YYYY): \_\_\_\_\_

Gender:  Male  Female

Age at Date of Attendance: \_\_\_\_\_

School: \_\_\_\_\_

Camp Dates: \_\_\_\_\_

Primary Emergency Contact: Mr. Mrs. Ms. Dr. (required) \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Secondary Emergency Contact: Mr. Mrs. Ms. Dr. \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

### HEALTH HISTORY SCREENING:

1. Does your child have any physical limitations, conditions or difficulties? If so, please describe them & give instructions for care (e.g. diabetes, epilepsy, mobility concerns): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Is your child taking any medicine (e.g. prescriptions, over-the-counter medication, vitamins) with him/her to camp?

No  \*Yes \*If YES, please fill out the Medication Form.

3. Please list all of your child's dietary considerations:

- Peanut allergy, severity: \_\_\_\_\_
- Wheat allergy, severity: \_\_\_\_\_
- No pork
- No red meat
- Egg allergy
- Strawberry allergy
- Shellfish allergy
- \*Soy allergy
- \*Vegan
- Other: \_\_\_\_\_
- Brining an Epi-Pen for a food allergy
- \*Vegetarian & **WILL** eat soy products
- \*Vegetarian & **WILL NOT** eat soy products
- \*Gluten-free (medical reason)
- \*Gluten-free (lifestyle choice)
- Lactose intolerant, my child **CANNOT** eat/drink (circle below):  
Milk                  Pizza                  Cheese                  Ice cream  
Baked goods made w/dairy

\*MHP cannot avoid all allergens, but strives to keep a nut-free main menu; some of our products are manufactured by companies that also manufacture nuts, soy & gluten products. **If your child has these dietary considerations, please contact camp to discuss accommodations for your child.** This may require you to supplement your child's menu.

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4. Please specify how the above dietary considerations will affect your child:

- My child will need substitutes for every meal where the item(s) above is served.
- My child will self-moderate and I will send snacks/meal supplements to be eaten as needed.
- My child will self-moderate and will not need substitutes for meals.
- Other: \_\_\_\_\_

5. Date of last Tetanus booster: \_\_\_\_\_

(Participants should have a Tetanus booster within the last 10yrs, or the period of time advised by your pediatrician).

6. Date of last Physical: \_\_\_\_\_

7. Do you consider your child to be in good health overall?     Yes     No

8. Please check the box if your child experiences or has a history of:

- |   |                                       |   |   |
|---|---------------------------------------|---|---|
| <input type="checkbox"/> Seasonal allergies | <input type="checkbox"/> Ear trouble  | <input type="checkbox"/> Tuberculosis   | <input type="checkbox"/> Bronchitis   |
| <input type="checkbox"/> Seizures/epilepsy  | <input type="checkbox"/> Asthma       | <input type="checkbox"/> Eye trouble    | <input type="checkbox"/> Bed-wetting (please pack bedwetting undergarments)               |
| <input type="checkbox"/> Menstrual cramps   | <input type="checkbox"/> Stomachaches | <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Exposure to someone with an infectious diseases in the last 2wks |
| <input type="checkbox"/> Sleepwalking       | <input type="checkbox"/> Hernia(s)    | <input type="checkbox"/> Heart Disease  | <input type="checkbox"/> Wears glasses/contacts   |
| <input type="checkbox"/> Rheumatic fever    | <input type="checkbox"/> Nosebleeds   | <input type="checkbox"/> Homesickness   | <input type="checkbox"/> Any other serious illness or operations                          |

Explain any items checked: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Will your child have a birthday during their camp stay?     Yes     No    Date: \_\_\_\_\_

10. Please note any health problems or illnesses your child has experienced in the month prior to attending CODES (e.g. cold/flu, asthma attacks, COVID, lice, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Is there anything else you would like us to know about your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**VERY IMPORTANT:** If your child has an severe allergy that causes anaphylactic shock, please send **2 Epinephrine kits**. If the kits go unused, they will be returned to you. If your doctor's orders are to use Benadryl in conjunction with an Epi-Pen, send **both** to camp with your child.

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### **ACKNOWLEDGEMENT & RELEASE OF LIABILITY:**

**I understand that should my child be sent home due to illness, injury, disciplinary issues, or any other reason, no amount of the fees paid to Mile High Pines Camp for my child to attend CODES School shall be refunded if my child did not withdraw from the program at least 2 weeks in advance of the camp start date.**

I understand that my child cannot attend camp if his/her primary residence is currently lice or bed bug infested or has any other pest infestation, if my child is recovering from a contagious disease or illness, or if my child has been exposed to an individual exhibiting symptoms of COVID-19 within the last 14 days. I further understand that if my child becomes ill, contracts, or suffers from conditions or symptoms as a result of another camper unknowingly or knowingly bringing pests, infections or disease to camp, Mile High Pines Camp is not liable.

With the understanding that a certified teacher from my child's school will be on site and available, I give permission for my child to attend Mile High Pines Camp, and to participate in the activities involved. Further, I give my permission for the Camp Director or designated camp staff to obtain qualified medical/surgical assistance and/or administer aid, in the event of an accident or illness, to my child with the understanding that I will be contacted as soon as possible if any emergency medical or surgical attention is necessary.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Participant's Name: \_\_\_\_\_

School: \_\_\_\_\_

## MEDICATION FORM:

Complete this form **ONLY** if your child(ren) will bring medications to camp.

In order to serve all children efficiently & to the best of our ability, please **DO NOT SEND:**

1. Daily multivitamins
2. Essential oils (Dr.'s note is required)
3. Over-the-counter generic pain reliever (this is already available onsite)
4. Peditasure or similar dietary supplements (unless this is needed for dietary reported restrictions)
5. Allergy medication for campers who rarely have seasonal allergies (this excludes those who need it daily or for severe allergies)
6. Medication for motion sickness (especially if your child does NOT have a known history of this)

Sending unnecessary medications slows down our patient care process. You will see your child Tuesday before departure and on Friday upon return; if your child can go two days without the above items, **DO NOT SEND** them.

**STEP 1: Place the MEDICATION in a clear Ziploc bag.**

**STEP 2: Give the bag to your child's teacher or school Health Professional.**

Camper Information	Doctor's Information
Name:	Name:
School Name:	Phone:
Date of Camp:	Doctor's Address:
Parent/Guardian Name:	
Relationship to Camper:	
Phone Number:	

According to Education Code §49423 a signed order from your child's doctor and the parent/guardian is **REQUIRED** if:

- a) The prescription on the bottle/box/tube is in a language other than English.
- b) The prescription on the bottle/box/tube does not match the dosage that you would like administered.
- c) The medication will not be used for its prescribed purpose. **Please DO NOT send this type of medication.**
- d) The medication is not intended for use based on the age of your child. **Please DO NOT send this type of medication.**

No doctor's note is needed if the medication is over-the-counter AND intended for children, however, please **DO NOT** send "as needed over-the-counter medication". Camp has pain relievers, allergy medication, and cold medication in stock. Furthermore, unlabeled medication **CANNOT** be administered and loose medication (without packaging) **WILL NOT** be administered.

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Education Code §49480 gives the school nurse, with parental consent, permission to communicate with your child's pediatrician and counsel with Mile High Pines personnel regarding possible effects of medication.

Please sign below, to give permission to Mile High Pine's Medical Monitor, Director, responding staff, and/or your child's teacher to assist in carrying out the medical instructions indicated on this form or providing medical care. Your signature also indicates your consent, as required, in the above Education Code Sections §49423 and §49480.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

MEDICATION INFORMATION									
(We request that only ESSENTIAL medicine be sent to camp)									
MEDICATION	DOSAGE	SCHEDULE					REASON FOR MEDICATION	SELECT A CATEGORY FOR EACH MEDICATION	
		(Indicate when to give the medication)						Over-the-Counter Medication (Must be age-appropriate).	Rx Prescription Medication
		Before Breakfast	Before Lunch	Before Dinner	Before Bedtime	As Needed			
All medication including over-the-counter medications & vitamins must be in the original package/box/bottle and NOT EXPIRED.							Provide any needed background info about the medication.		
<i>Example: Amoxicillin 500mg</i>	<i>1 pill 3x/day (oral)</i>	X		X	X		<i>Antibiotic, after dental surgery. He may complain of pain, please give OTC pain reliever as needed.</i>		X

My child has my permission to take the listed medications to camp and for certified camp staff or my child's teachers to assist and/or allow my child to take/apply these medications in addition to those below in the case of illness:

- a) Pain relievers for minor illness complaints.
- b) Calamine lotion, or equivalent, for plant-related rash reactions.
- c) Allergy medications, basic first aid, and other care based on the certification level of camp staff may also be administered.

Camp staff will give care in accordance to their training and may not call parents before treating for minor ailments such as headaches, cold symptoms, menstrual cramps, minor cuts/bruising, homesickness, use of "as needed" medications, etc. Those campers that are bringing prescribed medication to camp must abide by Education Codes §49423 and §49480.

**Submit all medication to school personnel prior to loading the buses.**

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Participant's Name: \_\_\_\_\_

School: \_\_\_\_\_

### Parent Checklist for Medications:

- ALL MEDICATIONS, OINTMENTS, VITAMINS, INHALERS, ETC. HAVE BEEN TURNED IN TO MY CHILD'S TEACHERS.**
- All medications are appropriate for my child's age or have a doctor's note.
- All individual medications are clearly marked with my child's name.
- All medications are in their original packaging with dosage listed.
- All of my child's medications, ointments, vitamins are in a plastic bag (Ziploc) with my child's name on it.
- All **medications AND medication forms** are in **English** and legible.
- All medical concerns have been communicated with school personnel.
- All medications being sent are needed daily or in emergency situations.