

# CIMI Tall Ship Expeditions - TOLE MOUR

## STUDENT APPLICATION-MEDICAL FORM SCHOOL: \_\_\_\_\_

### STUDENT INFORMATION (COMPLETE IN FULL)

				<input type="checkbox"/> Male	<input type="checkbox"/> Female
Student's Last Name	First	Middle Initial			
Street Address (Home)					
City	State	Zip Code	Home Phone#		
Parent or Guardian					
Street Address (work)					
City	State	Zip Code	Work Phone#		
Emergency Contact Other Than Parent					
Name					
Street Address		City	State	Zip	
Home Phone	Work Phone	Relationship			
Name of Your Insurance Company			Policy Number		
Address of Insurance Company			Phone #		
Family Physician			Phone #		
Student Age	Height	Weight			

Check all applicable conditions of student and explain below

- Allergies (General)
- Allergy to bee stings
- Asthma
- Backaches or weak back
- Bowel or bladder problems
- Car/sea sickness
- Epilepsy or convulsive disorder
- Hay fever
- Headache
- Heart trouble or murmur
- Poison oak
- Respiratory problems
- Sinus trouble
- Sleep Walking
- Vomiting
- Diabetes
- Other

Explain:

Is student capable of participating in strenuous activities?

**Yes No**

Explain:

Any other important medical needs?

Any food allergies? **Yes No**

Explain:

Date of last Tetanus:

**Additional Information On Reverse Side**

**Student Application and Medical Form continued**

Is the student required to take regular medication? Yes \_\_\_ No \_\_\_ (all medications are administered by the chaperones from the students' own school).

Please provide instructions (dose) for administration of medication:

Check those nonprescription medications we may have permission to give your child under the supervision of your child's classroom teacher.

YES	NO		YES	NO	
_____	_____	Kaopectate (for diarrhea)	_____	_____	Sudafed (Pseudonal)
_____	_____	Pepto Bismol (for upset stomach)	_____	_____	Advil (Ibuprofen)
_____	_____	Milk of Magnesia (for constipation)	_____	_____	Nyquil
_____	_____	Chloraseptic Spray (for sore throat)	_____	_____	Cepacol
_____	_____	Caladryl (for skin rashes)	_____	_____	Benadryl
_____	_____	Acetaminophen (Tylenol generic for headaches or elevated temperatures)	_____	_____	Meclazine

**Medical Consent**

The student's medical conditions stated on this application are complete and correct. I hereby give permission to the Catalina Island Marine Institute (CIMI) camp personnel to administer First Aid and to arrange for medical care and treatment in case of a medical emergency. I also give permission to the physician selected by CIMI camp personnel to examine, diagnose and treat or secure proper treatment for the student as the physician shall determine is proper and necessary under the circumstances. A photocopy of this authorization shall be as valid and may be accepted as the original.

**Parental Authorization**

I have been informed of the nature of the CIMI program in which the student is enrolled. I understand there are risks associated with the student's participation in the program activities generally described in this pamphlet and transportation to and from the camp, which pose a threat of injury, illness or death. The undersigned is familiar with outdoor sports and activities and the student's abilities, and I am not aware of any physical, emotional or mental problem or limitation that would prevent, impair or increase the risks involved in the student's participation in CIMI activities.

With this knowledge, I grant permission for the student to participate in all camp activities and on behalf of the undersigned and the student I accept and assume the risk and full responsibility for injury, illness, death or loss of personal property or other damage, and medical or other expense resulting from the student's presence at CIMI.

I hereby release and discharge Guided Discoveries, Inc., CIMI and their agents and employees from liability to us and to the student for any and all losses, damages, and expenses and any injury to person or property, including death, resulting from the student's travel to or from CIMI and participation in the program.

I agree to direct the student to comply with all CIMI rules and policies and to cooperate with CIMI personnel. I understand and agree that if the student fails to comply with the rules and policies, he or she may be expelled from CIMI and sent home at my, the parent or legal guardians expense. Also, I give permission to CIMI to use photographs or video taken of my child in their promotional literature and other printed materials

Date \_\_\_\_\_ Signature \_\_\_\_\_

Parent or Legal Guardian

*Rules for acceptance and participation in Guided Discoveries programs are the same for everyone without regard to race, color, national origin, sex or handicap.*