

**Ananda Living Wisdom School/Inner Adventure Camp
Medical Permission/Liability Release/Photo release**

To Whom It May Concern:

As parent and/or legal guardian, I grant permission to the Living Wisdom School/Inner Adventure Camp staff to obtain medical treatment in the event of an emergency.

Child's Full Name: _____

DOB: ___/___/___ (mm/dd/yyyy)

Parent Name Printed: _____ Date : _____

Home Phone: _____ Cell phone: _____ Work Phone: _____

Emergency Contact 1: Name _____ Phone: _____

Emergency Contact 2: Name _____ Phone: _____

Health Care Providers

Specialty _____ Name _____ Telephone Number _____

Doctor _____

May we contact your child's health care providers if needed? Yes ___ No ___

Health Insurance Information

Policy Holder's Name: _____

Health Insurance ID: _____

Policy Holder's Birthdate: _____ (mm/dd/yyyy)

Insurance Carrier: _____

Carrier's Phone #: _____

Policy Number: _____

Group Number: _____

RxBin Number: _____

Insurer's Address:

Number/street _____

City _____

State _____

Zip _____

Country _____

Physical Health History

Are there any activities from which your child should be exempted or limited for health reasons?
Yes ___ No ___ If yes, then please specify: _____

Does your child have any known allergies? Yes ___ No ___
If yes, then please specify: _____

Does your child have asthma? Yes ___ No ___
Does your child have diabetes? Yes ___ No ___
Does your child have any recurring or chronic health issues? Yes ___ No ___
If yes, then please specify: _____

Family Changes

Has your child gone through any significant family changes (death, divorce, adoption, abuse, etc)? Yes ___ No ___

Homesickness

Are you concerned about your child's ability to cope with homesickness? Yes ___ No ___

Dietary Restriction

Does your child have any dietary restriction(s)? Yes ___ No ___
If yes, please specify: _____

Medication

Will your child be taking any medication during the camp? Yes ___ No ___
If yes, please specify which medication, the dosage, and how often your child takes this medication.

Note: We are not responsible for dispensing medications brought to this camp. Are you comfortable with having your child monitor their own medication? ___yes ___no

Medication During Camp

During the camp, we will have the following medications available. Can your child take any of the following? All _____ None _____

Homeopathic Remedies such as: Aconite- for shock, Arnica Montana - sprains, sores, bruises,	
Arsenicum Alb. --sudden stomach problems	Yes ___ No ___
Aloe Vera - Used for sunburns and skin irritation	Yes ___ No ___
Benadryl - Used for treating allergic reactions	Yes ___ No ___
Cough Drops - Generic cough drops	Yes ___ No ___
Echinacea - Used to boost immune system	Yes ___ No ___
Ibuprofen/Advil - Used for headaches, pain relief, reducing fever.	Yes ___ No ___
Neosporin - Used as a topical antibacterial	Yes ___ No ___
Tecnu - Used to remove poison oak oils from skin	Yes ___ No ___
Tums - Used to relieve heartburn and indigestion	Yes ___ No ___
Tylenol - Used as a pain reliever, fever reducer, aches and pains.	Yes ___ No ___

Is there anything else that you think a doctor and/or the camp staff should know about? If yes, please elaborate below: _____

Terms and Conditions

I, on behalf of my child, certify that I have given a complete and correct disclosure of my child's medical history, personal information, and insurance information. If, in case of emergency, I can not be reached, I give permission to the physician chosen by Inner Adventure Camp to secure proper treatment for, and order injection, anesthesia or surgery for my child. Inner Adventure Camp has permission to obtain a copy of my child's health record from the providers they access to treat my child. I understand that information about my child's health will be shared and discussed, at its sole discretion on a need to know basis with the staff at Inner Adventure Camp, physicians, nurses, or mental health providers, believing such communications to be in the best interest of the child.

Assumption of Risk

I understand that my child, and each participant in Inner Adventure Camp will be engaging in activities that may involve the risk of serious personal injury and property loss and damage. I understand that these risks may result from the actions, negligence, and failure to act of my child and others (including, but not limited to other participants in camp, the organizers, employees, agents, volunteers, and independent contractors of the camp). Permission is granted to Living Wisdom School to transport my child via motorized vehicle to and from Camp and during Camp hours and between different segments of the facility and any outside facilities used by Inner Adventure camp. In consideration for my child being permitted to participate in the Camp, I, on

behalf of my child, assume all of the foregoing risks, included, but not limited to liability, or expense (including reasonable attorneys' and professionals' fees), of any kind or nature, that my child or I may suffer arising out of or in any way connected with the Camp or my child's participation in or attendance at Inner Adventure camp.

By my signature I affirm that this health history is correct and complete to the best of my knowledge and that I have read and agree to the Terms and Conditions specified in this form.

Signature: _____ Date: _____
Legal parent/guardian