

STUDENT MEDICAL FORM

PLEASE PRINT CLEARLY

I/We, the parent(s) or guardian(s) of the participant named below, wish to register my/our child in the Ocean Institute's Catalina Odyssey—A Voyage of Discovery Program.

Dates attending: _____ to: _____ Birth date: ____ / ____ / _____

Participant's Name (Last): _____ (First): _____

Address: _____ City: _____

State: ____ Zip: _____ Home Phone: (____) _____ Cell Phone: (____) _____

In case of emergency, please notify: Parent(s)/Guardian(s) Name: _____

Address: _____ City: _____

State: ____ Zip: _____ Home Phone: (____) _____ Cell Phone: (____) _____

*Business Number: (____) _____ *Employer: _____

* For Medical Insurance Claims only

Alternate Person in case of emergency, please notify: _____ at: (____) _____

Name/Phone number of Family Physician: _____

Name/Number of family medical insurance carrier: _____

PARTICIPANT HEALTH INFORMATION

1. Does the participant have any physical or medical conditions or restrictions? Yes ____ No ____

If so, please describe: _____

If your child has a special medical or physical condition, your physician should understand that the participant will be away from home for two full days. Please have your physician write a note indicating agreement that the participant is fit enough to fully participate in the program and to also include any special instructions.

2. Is your child subject to any of the following? Please circle:

Homesickness Sleepwalking Bed wetting (send extra bedding) Car/motion sickness

3. Does your child have any dietary requirements or restrictions? Yes ____ No ____

If so, please describe: _____

4. Does your child have any allergies that may be of concern? Yes ____ No ____

If so, please describe the severity of the allergy: _____

5. Has the participant recently been ill or exposed to any communicable diseases? Yes ____ No ____

ADMINISTRATION OF MEDICATION, PAGE 1

Name of Participant: _____

Dates Attending: _____

The nature of the program requires that all children participate in a variety of learning and social activities involving vigorous activities and walking. Standardized, well-balanced meals are provided.

It is understood that the Ocean Institute is not legally obligated to administer medication to my/our child, and therefore, I/we agree to hold the Ocean Institute and its personnel free from any and all responsibility for the results of such medication, or the manner in which it is administered and to indemnify each of them against the loss of reason of any civil judgment arising out of these arrangements which may be rendered against them.

INSTRUCTIONS

No one is to administer medication to any child without authorization of the parent(s) or guardian(s). If you wish your child to receive medication you must fill out Part I: Prescription Medication and/or Part II: Non-Prescription Medication. These forms will be kept with the medication. **A parent/ guardian and physician's signature is required for each of these sections.**

Part I: Prescription Medication

MEDICATION 1

Diagnosis: _____ Date of Examination: _____

Medication Prescribed: _____ Dosage: _____

Schedule and Method of Administration: _____

Comments: _____

Physician's Signature: _____

Parent(s)/Guardian(s) Signature: _____

MEDICATION 2

Diagnosis: _____ Date of Examination: _____

Medication Prescribed: _____ Dosage: _____

Schedule and Method of Administration: _____

Comments: _____

Physician's Signature: _____

Parent(s)/Guardian(s) Signature: _____

ADMINISTRATION OF MEDICATION, PAGE 2

Name of Participant: _____

Dates Attending: _____

Part II: Non-Prescription Medication

MEDICATION 1

Medication: _____ Dosage: _____

Schedule and Method of Administration: _____

Comments: _____

Physician's Signature: _____

Parent(s)/Guardian(s) Signature: _____

MEDICATION 2

Medication: _____ Dosage: _____

Schedule and Method of Administration: _____

Comments: _____

Physician's Signature: _____

Parent(s)/Guardian(s) Signature: _____

MEDICATION 3

Medication: _____ Dosage: _____

Schedule and Method of Administration: _____

Comments: _____

Physician's Signature: _____

Parent(s)/Guardian(s) Signature: _____

ACKNOWLEDGEMENT OF RISK AND WAIVER FOR ALL PARTICIPANTS

Welcome to the Ocean Institute! We want you and everyone to have a memorable and safe experience.

The Ocean Institute's environment, vessels, facilities, and activities are unique and different from your usual surroundings and activities. There are many inherent risks, dangers, and hazards and everyone must exercise caution at all times in order to avoid or minimize the risk of damage, injury and death.

Examples of these risks, dangers, and hazards include, without limitation: (a) walking and standing surfaces that may be wet, slippery, moving, irregular, unstable, and rough; (b) open areas such as hatches into which someone could fall; (c) low or irregular lighting, or no lighting at all; (d) objects and equipment that could fall on someone; (e) low ceilings; (f) ropes, chains, and other items that could strike or entangle someone; (g) extreme and variable physical, weather, and ocean conditions, including darkness, sun glare, storms, and hot and cold temperatures; (h) vessels, docks, buildings, ladders, and stairs from which someone could fall; (i) vessels and docks that could pitch, roll, capsize, flood, collide, and sink; (j) gaps between a vessel and a dock that could open or close suddenly and unpredictably; (k) possible encounters with wildlife and plants; and (l) unavailability of medical attention and treatment.

If you attend Ocean Institute activities, then you must exercise caution at all times to protect yourself and others from these risks, dangers and hazards. If children or other persons under your care attend any Ocean Institute activities, then discuss these risks, dangers, and hazards with them as they too must exercise caution at all times.

Program Name: Catalina Odyssey—A Voyage of Discovery Program Date: _____

Participant Name: Last: _____ First: _____

Birth date: _____

Guardian Name: Last: _____ First: _____

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

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

If you attend any Ocean Institute activities, and/or if others under your care attend any Ocean Institute activities, then by checking the box below you, on behalf of yourself and such other persons, shall be deemed to have read and understood this document and to have irrevocably waived any and all claims against the Ocean Institute and its directors, officers, employees, contractors, volunteers, agents, and insurers for damage, injury, accident, illness, or death occurring during or by reason of such activities.

Additionally, I authorize the use of photos and/or video footage taken of me and others under my care by the Ocean Institute for its promotional purposes.

Parent/Guardian Signature: _____

Today's Date: _____

