

CAMP FORMS CHECKLIST

To expedite the processing of your child's camp forms please be sure you have completed the following before returning them to Orchard Middle School:

- Camp permission slip
- Student's T-Shirt Size on page 1
- Health Insurance Information on page 2. When providing your insurance information, we suggest making a copy of the front and back of your insurance card and attaching it to the form.
- Date of child's last tetanus shot on page 2
- Complete name and phone number of physician and dentist on page 2
- Complete emergency contact information on page 2
- Special Dietary Needs form
- Current Action Plans (Seizure, Diabetic, Allergy & Asthma) or daily/as needed meds in the clinic will automatically be sent to camp and will not need to be listed on the Prescription and Non-Prescription Medication form (page 3).
- If completing medication information on pages 3 you must include the following information:
 - Name of drug
 - Dosage – must be in Milligrams (mg) or any other measurable dose (i.e. tsp., TBL, etc., not number of pills or capfuls).
 - How often the medicine is to be administered must be listed.
Example – Motrin, 200mg, every 4 hours as needed for pain
 - If any medicine is to be dispensed the Administration of Medication form must have physician and parent signatures as well as a current photo of the student.
 - **All medications must be turned in to the Orchard clinic by Friday, April 26, 2019. However, the medication forms will still be due March 1, 2019.**
- If you are NOT completing the medication information on page 3 please write N/A on these forms.

ALL FORMS AND PAYMENT ARE DUE BY FRIDAY, MARCH 1, 2019.

To pay the Outdoor Education fee, please log into your EZpay account. You will find the Orchard Outdoor Education purchase option under the Activity Fees link. If you do not have an EZpay account, you may register your child on the EZpay site at this time. (The only information you will need is your child's 6-digit Solon student ID number.)

Follow these easy instructions to complete your transaction:

1. Click on the Activity Fees link.
2. Click on the Orchard Outdoor Education option.
3. Select your Orchard 6th grade student who is going to camp.
4. Add Outdoor Education to the payment basket.
5. Proceed to check out.
6. Pay by credit card using the EZpay system (the preferred method of payment for Orchard Outdoor Education).

Double check your forms to ensure you have answered all questions and completed all information. If the forms are not filled out completely they will be returned to you. Thank you!

6TH Grade Camp Medication Requirements

1. No medication (prescription or non-prescription) will be given without a medication form completed and signed by a physician and parent.
2. A photo of your child **MUST** be attached to the medication form(s).
3. Medication **MUST** be in the original container/prescription bottle. Check expiration dates.
4. Only send the amount of medication your child will need for 2 days at camp.
5. If your child has medication at school (Epi-pens, inhalers, daily), they will be sent to camp for your child.
6. Ibuprofen (Motrin) 200mg and acetaminophen (Tylenol) 325 mg will be provided by the school if a non- prescription medication form has been completed and signed by a physician and parent.
7. All medication being sent to camp **MUST be in the clinic 2 weeks before** your child is scheduled to attend camp. *Parents* are to drop off medication and forms to the clinic nurse between 8:45 AM and 3:15 PM.
8. Any medications that are used while at camp, must be picked up from the nurse the day your child returns from camp.

Examples:

Name of Medication (trade or generic) (Ex. Benadryl or diphenhydramine)	Dosage	How Often X/day	Brkfst Before/ After	Lunch Before/ After	Supper Before/ After	Bed- time	Reason For Medicine
Tylenol	2 tsp	every* 4 hours as needed					Headache Pain

*Medication ordered "as needed" MUST have a frequency indicated (Example: every 4 hours for headache or pain).

Name of Prescription & Drug (generic)	Dosage	How Often X/day	Brkfst Before/ After	Lunch Before/ After	Supper Before/ After	Bed- time	Reason For Medicine
Ritalin	5mg	once daily		1:30pm			ADHD

Please direct your questions to: Orchard Clinic (440) 349-7444

We the parents of _____ would like to register our child for the experience in
(Please Print Child's Name)

Outdoor Education from ____ / ____ / ____ to ____ / ____ / ____ Child's age ____ Girl Boy

Child's address _____ City _____ Zip _____

School and District _____ Email (optional, no 3rd party access) _____

CONSENT TO TREATMENT OF MINOR AND RELEASE OF LIABILITY:

The undersigned hereby appoint Mohican School in the Out-of-Doors, Inc. and each of its authorized agents, each to act alone, and delegate to the same the power to consent on our behalf to all emergency treatment and/or any medical care (except elective surgery) of (child) _____, determined to be necessary or desirable by our child's attending physician at the hospital in which emergency treatment and/or medical care is sought.

This consent to treatment shall be in effect for the days my child attends Mohican School.

We, the undersigned, release Mohican School in the Out-of-Doors, Inc., its Board of Directors, officials and employees and any of its authorized agents, from any obligation or liability, actual or implied, concerning their use of this authorized consent to treatment.

Please be aware that activity during this program carries risk which may not always be obvious. Please be aware of these risks and your child's abilities. Instruct your child to ask for help when needed in order to eliminate the chance of personal injury.

I am aware of the risks inherent in these activities and assume responsibility for any injury to my child, no matter the cause.

The undersigned certify that they have read this consent to treatment and release of liability (or had it read to them), and that they understand the same. "This information will be summarized and provided to the Mohican School Staff who are in direct care of your child."

**The medical information I have given about the child registered on this form
is correct to the best of my knowledge.**

*I have read or had read to me the information in the registration form and understand **my signature** is necessary to register my child. In the event the above child needs to go home before the outdoor session is complete, **the parent or guardian who signs this form must be the person who checks the child out at Mohican School unless the legal parent or guardian sends a signed note authorizing another person to do so.** The person who removes the child from Mohican School must identify him/herself and show a photo ID.*

T-Shirt Sizes Adult Small Adult Medium Adult Large Adult X- Large Adult XX- Large

PLEASE COMPLETE

Student's Full Name _____

Parent/Legal Guardian Information

Daytime phone number: _(____)_____

Nighttime phone number: _(____)_____

Home Address _____

PARENT/LEGAL GUARDIAN SIGNATURE REQUIRED FOR PARTICIPATION IN MOHICAN SCHOOL PROGRAM!

Parent/Legal Guardian Signature _____

*Your student's photo might be used by Mohican School in the Out-of-Doors, Inc. for advertising, brochures, or the Mohican Outdoor School slide presentation, but **no** identifying information will be included. If you **DO NOT** wish the photo to be used in these ways, **please check the box AND sign below.***

I DO NOT give permission to use a photo as stated above. Parent's signature _____

This institution is an equal opportunity provider and employer.

This page must be filled out completely!

Student's Name _____

Please Note: If student needs medical attention while attending Mohican School, this form will be used by the hospital and/or the physician.

Mohican School insurance carrier: Hartford Insurance Company / Dawson Insurance, Inc., Mansfield, Ohio. \$100.00 deductible coverage, policy #33-CH-161288. \$5,000 limits of the policy.

In case of accident or sickness, I give my consent for a physician chosen by the Mohican School staff to treat my child as he or she deems necessary. I assume that every reasonable effort will be made to reach me in case of serious illness or accident. It is best if the student's family medical coverage is used but the Mohican School coverage is available if needed or desired.

If my child does require hospital or physicians' care (check one - choice):

I will use Mohican School's insurance and pay the deductible portion of the cost. Send the bill to me

Name _____ Address _____

I will **not** use Mohican School's insurance. Please use my present health insurance company.

Certificate # _____ Group # _____

Subscriber's Name _____ Employer's Name _____

Code # _____ Other Insurance Name _____

Policy # _____ Group # _____

- | | |
|--|--|
| <p>Check if your child has problems with the following:</p> <p><input type="checkbox"/> Bed Wetting <input type="checkbox"/> Asthma <input type="checkbox"/> Serious Insect Stings <input type="checkbox"/> Convulsions/Seizures <input type="checkbox"/> Penicillin</p> <p><input type="checkbox"/> Sleep Walking <input type="checkbox"/> Hay Fever <input type="checkbox"/> Serious Poison Ivy <input type="checkbox"/> Diabetes <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Peanut/Tree Nut Allergy <input type="checkbox"/> Gluten Allergy <input type="checkbox"/> Lactose Allergy <input type="checkbox"/> Other Food Allergy/Special Diet (Please Specify)</p> | <p><input type="checkbox"/> No problems</p> |
|--|--|

Please list anything about your child's health which would pertain to his or her welfare or activity while at the outdoor school not mentioned anywhere else, **including dietary needs or food allergies (3 weeks notice and written food allergy plan signed by physician required):** _____

**** Parents/guardians will be called if there is any other advice needed for care not specifically mentioned above. If your child needs the following but did not bring from home, the school has in pill form; no liquids available. Please answer YES or NO for each question.**

Date of child's last tetanus shot? ____ / ____ Has your child been under a physician's care recently? **Yes** ____ **No** ____

If yes, explain:

Physician's Name and Telephone Number _____ (____) _____

Dentist's Name and Telephone Number _____ (____) _____

Please write below as many **DIFFERENT TELEPHONE NUMBERS** as possible where you or a friend or a relative can be reached in the event of any emergency, if there is no answer at the first number.

<u>NAME</u>	<u>DAY PHONES</u>	<u>NIGHT PHONES</u>	<u>RELATIONSHIP TO CHILD</u>
_____	_____	_____	_____
_____	_____	_____	_____

Student Photo

Prescription and Non-Prescription Medicine

REQUEST FOR ASSISTANCE IN THE ADMINISTRATION OF MEDICATION (Ohio Revised Code 3313.713)

Part I (completed by a parent or guardian).

I/we hereby request and give permission to designed personnel to help in the self-administration of medication to my child. I am sending the medicine in the original container obtained from our physician or pharmacist. I/we understand and acknowledge that designated personnel are under no obligation to render the assistance requested and that according to ORC 3313.713, such administration will be given by personnel trained in the administration of medication and approved by the school district. There may not be any adult available for injections, catheterization or other procedures for which specific training is necessary. I/we hereby release the home school district, its board of education, its officials and employees, Mohican School in the Out-of-Doors, Inc., its board of trustees, officials and employees from any and all liability for damages or injury directly or indirectly resulting from the performance or failure of performance of the assistance requested. I/we agree to submit a revised statement signed by the physician if any information provided in Part II should change before my/our student goes to Mohican Outdoor School.

Signature of parent/guardian _____ Date _____

Parent/Guardian's phone number _____

Part II (completed by physician if physician prescribed medicine is being sent to Mohican)

Prescription and Nonprescription Medicine must be in the original container per Ohio Revised Code 3313.713.

Name of Student _____ School _____

Name of Physician _____ Phone in case of emergency () _____

Physician's Address _____

Please list the name of drug, dosage and time or intervals dosage of drug is to be administered.

IF GENERIC DRUG IS BEING SENT, BOTH NAMES ARE NECESSARY.

The name on this form must match the medicine sent.

Name of Prescription & Drug (generic)	Dosage	How Often <i>X/day</i>	Brkfst. Before/ after	Lunch Before/ after	Supper Before/ after	Bed-time	Reason For Medicine

Date drug administration begins _____ Date drug administration ceases _____

Any severe adverse reactions that should be reported to the physician _____

Special instructions, if any, for administration or storage of the drug _____

Signature of Attending Physician (per ORC 3313.713) _____

Date _____

Special Dietary Needs

Student's Name _____ Team _____

Please complete the information below regarding special dietary needs that the staff will need to be aware of at camp.

- My child **WILL require vegetarian meals** at camp. ****This box must be checked if your child is to receive vegetarian meals while at camp. This cannot be changed once the forms have been submitted to the camp. Please note that there will be a salad bar available at all meals.**

- My child **WILL NOT require vegetarian meals** at camp. Please note that there will be a salad bar available at all meals.

Check if your child has problems with the following:

- No problems**
- Peanut/Tree Nut Allergy**
- Gluten Allergy**
- Lactose Allergy**
- Other Food Allergy/Special Diet (Please specify below. **Three weeks' notice and a written food allergy plan signed by the physician are required.**)**

****If your child does have special dietary needs or if you have questions regarding the meals that will be served at camp, please contact Mohican Outdoor School at info@mohicanoutdoorschool.org.**

Mohican Outdoor Adventures Permission Slip

Activities, Hazards and Risks

The Services of Provider include:

1. Renting rafts, tubes, canoes or kayaks (referred to, collectively, as watercraft).
2. The use of the Arial Adventure Park.
3. Swimming, fishing, and the use of paddle boats.
4. The use of the swimming pool, hot tub, lake, and beach area.
5. The use of the facilities for basketball, volleyball, tetherball, horseshoes, and miniature golf.
6. Various activities associated with the children's playground such as slides, rides, and climbing activities.
7. The use of the facilities for a banquet hall.
8. The use of go-karts and compliance with Ohio Revised Code 1711.551.
9. Activities, scheduled and unscheduled, associated with these services may include travel by water, swimming, wading, hiking, climbing on rocks and slopes, camping, haywagon rides, and travel to and from the activities.

The services of Provider include renting rafts, tubes, canoes, kayaks, or paddle boats (referred to , collectively, as watercraft). Activities, scheduled and unscheduled, associated with these services may include, in addition to travel by water, swimming, wading, hiking, climbing on rocks and slopes, camping, and travel to and from the activities.

The hazards and risks (together referred to as "risks") of the use of the watercraft include the following: entering, exiting and operating the watercraft; water which may be fast, deep, cold, and subject to rapid change; objects which may be encountered in and out of the water, and which may not be obvious, including debris, trees, rocks, boulders, dams, bridges, and other hazards; the watercraft may overturn, swamp and sink and occupants may become separated from the craft; feet and other parts of the body may become entrapped in or under rocks and other objects; Participants may strike or be struck by objects, other watercraft, and other persons, in and outside of the watercraft. Risks of other activities include those associated with camping, hiking and moving on and over terrain, including the shoreline, the premises of Provider and others, and elsewhere, which may be unstable, steep and slippery and where rocks, trees and other objects may fall, and man-made and natural structures may fail; animals, including poisonous reptiles, and poisonous plants may cause harm; swimming in unfamiliar surroundings may cause entrapment, injury from slips and falls and drowning. Other risks include errors in judgement of Provider's staff and other Participants, including the improper assessment of capabilities and conditions pertaining to the activities; equipment may be misused or may fail because of manufacturing defects or otherwise; collisions may occur while traveling by vehicle to and from the activities; the activities are subject to the unpredictable forces of nature, including exposure to the sun, cold, wind, hail, lightning, flash floods and other such phenomena; activities may take place in remote places, significantly delaying emergency medical care and evacuation.

Participant, and parent or guardian of a minor Participant, acknowledge and understand that the description of activities and risks above is not complete and that all activities, whether or not described, may be dangerous and may include risks which are inherent and cannot be reasonably avoided without changing the nature of the activity. Participation in the activities can cause bites, stings, allergic reactions, overexertion, heat stroke, hypothermia, illness due to contaminated water, burns, cuts, bruises, strains, broken bones, and other injuries and illnesses. Property loss, and serious injury and death, including by falling and drowning, are possible.

Provider has made no effort to determine, and accepts no responsibility for, medical, physical or other qualifications or the suitability of Participant, or other Participants, for the activities. Client, and the parent or guardian of a minor Participant, accepts full responsibility for determining Participant's medical, physical or other qualifications or suitability for participating in the activities. Provider is not responsible for the water conditions, routes, camp sites or other activities or renters of its equipment. Alcohol will, and other substances may, impair judgment and reduce a Participant's ability to effectively manage the risks of water travel, camping and land activities; Participants should inspect unfamiliar rapids and other hazards before attempting to pass through or over them; Participants should always wear a fastened life jacket (personal flotation device); Participants should wear footwear which will provide protection from sharp objects, and which will minimize the risk of foot entrapment. Failure to adhere to these and other safety precautions may result in serious injury or death.

PARTICIPATION AGREEMENT

IMPORTANT. READ CAREFULLY. This document affects your legal rights. It must be signed by you, the "Participant", whether you are an adult or minor, if you are renting or otherwise using equipment or participating in activities offered by MOHICAN CAMPGROUND, INC., MOHICAN CANOE LIVERY, INC., and MOHICAN ADVENTURES CANOE LIVERY, INC. (jointly and separately referred to in this document as "Provider"). It must be signed also by your parent or guardian if you are a minor Participant under 18 years of age. The parent or guardian agrees to these terms individually and on behalf of the minor. References in this agreement to "I" or "we" include all who sign below unless otherwise clearly indicated.

In consideration of the opportunity to rent or otherwise use certain equipment and/or participate in activities offered by Provider, Participant (adult or minor), and the parent or guardian of a minor Participant, understand, acknowledge and agree as follows:

(PART I) Acknowledgment and Assumption of Risks I, the Participant (adult or minor) and the parent or guardian of a minor Participant, understand the nature of the services of Provider and other activities which may occur, and their risks. I acknowledge and expressly assume all risks of the activities, whether or not described below, known or unknown, and inherent or otherwise. I take full responsibility for any injury or loss, including death, which I, or a minor child for whom I sign, may suffer, arising in whole or part out of such activities.

(PART II) Agreements of Release and Indemnification, and Additional Provisions If I am an adult Participant, or the parent or guardian of a minor Participant, I agree, for myself and on behalf of the minor Participant for whom I am signing, as follows:

I release Provider, its employees, contractors, volunteers, directors and owners ("Released Parties") from any and all claims for injury or loss which I, or the minor child for whom I sign, may suffer, arising out of or in any way related to my, or the child's participation in the activities of Provider or the use of its equipment. Neither I, the minor child, nor anyone acting on our behalf, will bring suit or otherwise assert any such claim against a Released Party.

I will indemnify (that is, defend and satisfy by payment or reimbursement, including costs and attorney's fees) each Released Party from any claim of liability, including one brought by or for a minor child for whom I sign, a co-participant in any of the activities of Provider, a rescuer, a member of my, or the minor child's, family, or anyone else, asserting a loss arising out of or in any way related to my, or the child's participation in the activities of Provider or the use of its equipment.

The agreements of release and indemnification above include claims arising in whole or in part from negligent (but not grossly negligent, reckless or intentionally wrong) acts or omissions of Released Parties or any of them, and all other claims, including for personal injury, wrongful death, property damage, products liability (including strict liability), breach of contract or warranty, or otherwise. The agreements are intended to be enforced to the fullest extent allowed by law, and to be binding on me as Participant and on me as parent or guardian of minor Participant, individually and on behalf of the minor for whom I sign.

(PART III) Additional Provisions I authorize Provider to provide or obtain for me, or the minor child for whom I sign, such medical care as it considers necessary and appropriate, and I agree to pay all costs associated with such care and related transportation. Any dispute between Provider and me or the minor child for whom I sign will be governed by the substantive laws of the State of Ohio (not including laws which might apply the laws of another jurisdiction), and any mediation or suit shall take place only in the State, in the County of Ashland. If the dispute cannot be resolved by mutual agreement, I agree to submit it to a mediator recognized by the Courts of that State and County. I agree to pay all costs and attorneys' fees incurred by Provider in defending a claim or suit brought by me or by or on behalf of the minor for whom I sign, if the claim or suit is withdrawn or to the extent a court or mediator determines that Provider is not responsible for the claimed injury or loss.

(PART IV) Examples of Risks See provisions on reverse side which are incorporated herein for description of some of the risks connected with the activities undertaken.

(PART V) This agreement is entered into voluntarily, and after careful consideration. Its terms cannot be amended except in writing. I understand that it is binding, to the fullest extent allowed by law, upon all persons signing below, or respective heirs, executors, administrators, wards, minor children (whether or not they are Clients) and other family members. If any part of this agreement is found by a Court or other appropriate authority to be invalid, the remainder of the agreement nevertheless shall be in full force and effect.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____