



**STUDENT RELEASE WAIVER-HEALTH HISTORY SCREENING**

This form is to be completed by **ALL** individuals under 18 years of age who are attending camp!

**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, gaga ball, sports, hiking, Zipline, kayak or canoeing, swimming. The undersigned acknowledges that the activities involve physical exertion and other risks; is aware of 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; Recognizes the need to participate in the activities according to the rules which have been given and to follow directions given by any staff member; Understands that it is each participants responsibility to wear any safety gear deemed necessary by MHP; Warrants and acknowledges that his/her physical and mental condition will enable him/her to participate safely in the activity. 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 hold MHP harmless from and against any and all claims, liabilities, expenses, damages, losses, cause of action, and suits (including, without limitation, attorneys’ fees and cost) 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.

**IMAGE RELEASE WAIVER**

The undersigned also gives permission to MHP to use any photographs and video and audio of him/her, or said minor, for any promotional materials, including the MHP web site 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.

**MEDICAL RELEASE WAIVER**

The undersigned also gives permission to the Medical Monitor to provide or arrange necessary transportation and 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 student or adult at camp.

**\*Please complete the next page...**

## STUDENT RELEASE WAIVER-HEALTH HISTORY SCREENING (2 of 4)

### EMERGENCY CONTACT INFO

Camper's Name: \_\_\_\_\_ Birthdate (mo./day/yr.): \_\_\_\_\_

Gender:      Male    Female      Age at Date of Attendance: \_\_\_\_\_

School: \_\_\_\_\_ Dates Attending Camp: \_\_\_\_\_

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

Relationship to the minor: \_\_\_\_\_ Day Phone: \_\_\_\_\_

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

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

City/State/ZIP: \_\_\_\_\_

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

Relationship to the minor: \_\_\_\_\_ Day Phone: \_\_\_\_\_

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

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

City/State/ZIP: \_\_\_\_\_

### Health Information

1. Does your child have any physical limitations? If so, please describe:

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2. Is your child taking any medicine with him / her to camp?      NO      YES

*(if yes complete medication form, medication includes prescribed medication, over-the-counter medication, and vitamins.)*

3. List any physical conditions or difficulties that your child has, and give specific instructions for care.

*(include health conditions such as diabetes, epilepsy, any other continuing conditions, bedwetting, sleep-walking, car sickness, etc.)*

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**\*Please complete the next page.**

## STUDENT RELEASE WAIVER-HEALTH HISTORY SCREENING (3 of 4)

4. Please list all dietary considerations:

Severe Allergy to Peanuts (airborne)\*  Moderate allergy to peanuts (ingested)  Mild allergy to peanuts

Vegan\*  Vegetarian  Gluten-Free

Strawberry Allergy  Shellfish allergy  Soy Allergy\*

Severely Lactose intolerant (cannot ingest dairy of any kind)

Moderately Lactose intolerant (ingests dairy with medication)

Mildly Lactose intolerant (can have limited amounts of dairy)

Other: \_\_\_\_\_

Other: \_\_\_\_\_

\*Please note that we cannot provide for all allergies in entirety. We strive to keep a nut-free main menu, however, some of the products we uses are manufactured in a factory that also manufactures nut products. Vegans and person(s) with soy allergies should bring additional snacks which we can keep in the main kitchen and students can eat during scheduled meals. It is the parent or guardians responsibility to ensure that the school has notified CODES of their child's dietary restrictions at least 1 month prior to arrival.

5. Approximate date of last tetanus booster \_\_\_\_\_. It is advised that for camp the child's last tetanus booster be within the past 10 years, or the period of time advised by your physician.

6. Date of latest physical examination: \_\_\_\_\_

7. To protect your child from possible embarrassment, but not to exclude him / her from the program, the following information is needed:

1. Do you consider your child to be in good health generally? YES NO

2. Please check below if your child is or has suffered from the following:

Allergy  Ear Trouble  Tuberculosis

Asthma  Heart Disease  Child wears glasses or contact lenses

Convulsions  Hernia (Rupture)  Eye Trouble

Bronchitis  Menstrual Cramps  Any other serious illness or operations

Diabetes  Kidney Disease  Rheumatic Fever

Stomach Aches  Child has been exposed to someone with a communicable disease

Please explain any items checked: \_\_\_\_\_

\_\_\_\_\_

**Please complete and sign on next page...**

## STUDENT RELEASE WAIVER-HEALTH HISTORY SCREENING (4 of 4)

8. Will your child have a birthday during their camp stay? Yes / No Day: \_\_\_\_\_

9. Is there anything else you would like use to know about your child?

Please note any health problems your child may have experienced in the month prior to attending CODES School. Include flu, colds, asthma attacks, lice infestations, homesickness at a sleep-over, and the like:

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NOTE: If the child has severe anaphylactic shock reaction to wasp or bee stings, please send 2 epinephrine kits with the child — one for the student and one for the camp’s medical monitor. Both kits will be returned if unused.

I understand that should my child be sent home because of illness, injury, disciplinary, or other reason, no amount of the fees paid to Mile High Pines 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 or her primary residence is currently infested lice or any other spreadable pest or if my child is recovering from an infectious disease or illness. I further understand that if my child becomes ill or suffers from these incidents as a result from another student unknowingly or knowingly bringing pests or infections to camp CODES and Mile High Pines is not liable.

With the understanding that a certified teacher will be on site and available, I give permission for my child to attend C.O.D.E.S. School at Mile High Pines 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 in case of accident / illness to my child with the understanding that I will be contacted as soon as possibly if any emergency medical / surgical attention is necessary.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_