



Student Medical Form

Project Adventure, Inc.

Your school/org. Name _____

Your program Dates _____

Student Program Applicant Information

To Parents: Thank you for completing this form on behalf of your son or daughter. Project Adventure, Inc. is a non-profit educational organization. Our programs use a wide variety of games, team-building activities, and low and high challenge course activities. Some of our selected programs also include outdoor activities such as rock climbing, rappelling, canoeing, orienteering and camping. **(Since this is a general description only, please refer to accompanying information or school personnel to find out more about the specific activities planned for your son or daughter's program.)** Although some of these activities can be physically demanding, they are designed to be within the capability of any student who is in reasonably good health.

Safety is a very high priority for all of our programs. Please help us by providing the information requested below. If your child has any current or past medical conditions that could affect their participation, please let us know.

If you have additional questions about this program please contact the appropriate school personnel or a representative of Project Adventure.

--Thank You

Part One: General Information

Student's Name _____ Date of Birth _____

Home Address _____

Sex: M ☐ F ☐

Parent(s)/Guardian(s) _____

Home Phone #'s _____

Business Phone #'s _____

E-mail address (optional) _____

If you are not available in an emergency situation, please indicate an additional person to be notified:

Name _____ Phone # _____

Relationship to student _____

Address _____

Part Two: Insurance Information

This must be filled out

Is this student covered by family medical/hospital insurance?..... Yes / No

If so, indicate carrier or plan name _____ Group # _____

Carrier address _____

Name of insured _____

Relationship to participant _____

Part Three: Medical Questions

A. Does your child have any current or past medical conditions that could affect their ability to participate in Project Adventure activities? Yes / No

If yes, identify and explain:

B. Is your child currently taking any medications? Yes / No

If yes, please state what he or she is taking and the condition being treated:

(over please)

C. Does your child have any of the following conditions?

- | | |
|--|---|
| <input type="checkbox"/> recent injury or infectious disease | <input type="checkbox"/> diabetes |
| <input type="checkbox"/> chronic or recurring illness | <input type="checkbox"/> asthma |
| <input type="checkbox"/> allergies (medication, food, bee sting, etc.) | <input type="checkbox"/> recent surgery |

If any of the above six boxes above are checked, please provide additional information:

D. Do you give Project Adventure staff permission to administer the following over-the-counter medication(s) should the need arise?

Tylenol (acetaminophen)	Yes	No
Ibuprofen (e.g. Advil)	Yes	No
Antihistamine (Benadryl)	Yes	No

Photo/Media Release

I grant to Project Adventure, Inc. the right to use, reproduce, assign and/or distribute photographs, films, video tapes and sound recordings of the participant for use in materials they may create.

This is optional.

Signature _____
parent or guardian *date*

Although Project Adventure is not subject to HIPAA (Health Insurance Portability and Accountability Act) privacy rules (in regard to workshop participants), we do keep all medical information and health forms confidential.

Four: Release of Liability—Acknowledgment of Risk

I understand that this Project Adventure program will be conducted outdoors and that it is designed to be challenging, as well as educational.

I recognize and acknowledge that although the program has been carefully designed and will be operated by well-trained staff, the risk of injury or disability cannot be totally eliminated. In the event of illness or injury, consent is hereby given to provide emergency medical care or hospitalization. I affirm that the information provided is accurate and complete and I agree to hold Project Adventure harmless if full disclosure of a pre-existing medical condition has not been provided. I release Project Adventure, Inc., its staff members and Board of Directors from all liability not directly related to the actions of Project Adventure staff members.

This must be signed in order for your child to participate in our programs.

Signature _____
parent or guardian *date*

Questions or Concerns?

Please call one of our office sites
701 Cabot Street
Beverly, MA 01915
978-524-4500

PO Box 2447
Covington, GA 30015
770-784-9310

Please visit our web page **www.pa.org**

THAYER ACADEMY
SENIOR EXPERIENCE 2013
PERMISSION SLIP

_____ has my permission to
(Print Student's Full Name)

participate in *The Senior Experience* to be held at Project Adventure, Inc.,
701 Cabot Street, Beverly, MA, on September 3, 2013.

It is understood and agreed by me and the student that during this time all school rules
will be in effect, in particular those regarding the use of alcohol, illegal drugs, and
tobacco products.

I HAVE READ AND SIGNED THIS FORM AND THE PROJECT ADVENTURE
MEDICAL/LIABILITY RELEASE FORM, AND I UNDERSTAND THEIR
CONTENT AND PURPOSE. I AND THE STUDENT HAVE SIGNED THESE
FORMS VOLUNTARILY AND WITHOUT RESERVATION.

(Parent or Guardian's Signature)

(Date)

(Please Print Parent or Guardian's Name)

(Student's Signature)

(Date)

**PLEASE MAIL BOTH PERMISSION SLIPS TO MR. MURPHY IN
THE STUDENT OFFICE USING THE ENCLOSED ENVELOPE.
RETURN NO LATER THAN AUGUST 15, 2013.**