

SCHOOL NAME: _____ Dates Attending: _____



Michindoh Outdoor Education School

EMERGENCY MEDICAL AUTHORIZATION AND CAMP AGREEMENT



Cabin Leader Name: Last: _____ First: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Date of Birth: _____ Sex: _____ M _____ F Home Phone: _____
 Parent or Legal Guardian(s): Name(s) _____
 Work Phone # (Dad): _____ Work Phone # (Mom): _____
 Cell Phone # (Dad): _____ Cell Phone # (Mom): _____
 Emergency Contact (If Parent or Guardian cannot be reached):
 Name: _____ Relation to Student: _____ Phone: _____
 Medical Insurance Company: _____
 Policy number: _____

Michindoh maintains a supply of commonly used over-the-counter medications for first aid treatment. Please do not send bottles of Tylenol, Advil, Cough drops, Band-Aids, etc. However, if your child can only have a specific brand due to allergies or other reasons, we recommend sending those specific over-the-counter medications

Michindoh Health Officers follow all recommended dosages on medication bottles. If your child does not follow that, we **MUST** have a doctor's signature with the change. This includes all ADULT medication or supplements (vitamins, melatonin, etc.). **Due to Federal & State Law ALL medications must be in their original packages and be in the name of the student taking the medication.** i.e. prescriptions in the prescription bottle, Zyrtec in the Zyrtec bottle, vitamins in the bottle they were bought in. All prescription medication must have the prescription label. If you have an inhaler, the box must come with it. ***We CAN NOT give the prescription medication without the label.***

*If the dose or times have changed from the label on the bottle, we **MUST** have a note from the doctor's office with the changes listed on it and the doctor's signature.

Please list any medications that you will be taking while at camp:

<u>Name of Med</u>	<u>Dose</u>	<u>Reason for Med</u>	<u>When taken</u>
example: Accolate	1 pill 2X a day	Asthma	Breakfast, Dinner
_____	_____	_____	_____
_____	_____	_____	_____

Health History: (please check if applicable)

___ Convulsions/Seizures	___ Asthma
___ Ear Infections	___ Wheezing
___ Heart Troubles	___ Sleepwalking
___ Headaches	___ Emotional Disorders
___ Migraines	___ Behavioral Disorders
___ Diabetes	___ Bleeding/Clotting Disorders

Other potential Health Problems/or Restricted Activities:

Allergies: (Please check if applicable)	HOW TO TREAT:
___ Bee Stings	
___ Poison Ivy	
___ Seasonal/Hay Fever	
___ Environmental	
	PLEASE LIST:
___ Animal	
___ Food/Dietary Restrictions	
___ Medications	

Immunization History:

Immunizations up to date according to your state requirements: ☐ YES ☐ NO Date of last Tetanus Booster: _____

Please see page 2 for required signature line.

Continued from page 1: Student Name: _____ School: _____

This agreement will be signed by the person attending Michindoh or by their legal guardian if the person is a minor, hereafter referred to as the “undersigned.” If being signed by a legal guardian on behalf of a minor, the legal guardian’s signature indicates that all parts of the agreement have been discussed and agreed to by both the legal guardian and the minor attending Michindoh.

Release and Waiver of Liability and Indemnity Agreement

In consideration for being permitted to utilize the facilities, services, and programs of Michindoh for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program (including but not limited to boating, hiking, zip line, waterfront, high ropes course, winter sledding participation, archery, climbing wall), the undersigned hereby acknowledges, agrees, and represents that they have, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program and by continuing in the activity or program, or permitting participation in the program, accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

The undersigned recognizes that there are inherent risks involved in camping activities and programs, whether engaged in as part of a group or individually, and hereby assume all such risks. The undersigned understands that they have duty to exercise reasonable care for their own safety and the safety of those for whom they are responsible, and agrees to do so.

The undersigned hereby releases, waives, discharges, and covenants not to sue Michindoh, its directors, officers, employees, and agents (hereinafter referred to as “releasees”) from all liability to the undersigned, their personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of death or injury to the person or property of the undersigned while in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with Michindoh, without respect to location, including death, injuries, or property damage caused by another participant in any such program or activity.

The undersigned hereby agrees to indemnify and save and hold harmless the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about Michindoh premises or in any way observing or using any facilities or equipment of Michindoh or participating in any program affiliated with Michindoh, including any such loss, liability, damages or costs caused by another participant in any such program or activity.

The undersigned hereby assumes full responsibility for and risk of bodily injury, death, or property damage while in, about, or upon the premises of Michindoh and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with Michindoh.

The undersigned further expressly agrees that the forgoing agreement is intended to be as broad and inclusive as is permitted by the law of the State of Michigan and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Medical Agreement

The undersigned does hereby consent and authorize Michindoh personnel to administer general first aid treatment for minor injuries or illnesses. If the injury or illness is severe, the undersigned authorizes Michindoh to secure emergency medical personnel for attendance, treatment, and transportation on their behalf. The undersigned authorizes Michindoh personnel to provide consent and exercise judgement on their behalf if they are unable to. The undersigned acknowledges that Michindoh does not provide medical or accidental insurance, and the undersigned is responsible for any resulting expenses, bills, or other charges resulting from such attendance, treatment, or transportation.

Media Agreement

The undersigned does hereby consent and authorize Michindoh to interview, photograph, or make any other visual or audio recordings of the undersigned who may be identifiable, for television, radio, magazines, newspaper, web, and any other forms of media presentations, for related stories about Michindoh or promotional material.

Transportation Agreement

The undersigned hereby authorizes the transportation of the participant off the premises of Michindoh Conference Center for purposes including, but not limited to, medical emergencies (such as injury or illness), behavioral concerns, or scheduled travel to and from the Camp during designated program dates. Transportation may be provided by official school transportation, the participant’s parent or legal guardian, or, in emergency situations, by EMS or a designated school representative using a personal vehicle.

I hold Michindoh, its agents, employees, and volunteers harmless from any claim for injury or compensation resulting from the activities authorized by this document.

Participant 18 years or older OR Parent/Legal Guardian signature

Date of Signature