

CEI MEDICAL RELEASE AND WAIVER FORM

Please answer the following questions FULLY AND ACCURATELY. ALL fields MUST be completed. All medical information will remain confidential to The Island School and any relevant care and response personnel. If you are a minor, a legal guardian or parental signature is required before participation may be permitted.

If there is any change to your medical situation prior to your arrival, please notify us as soon as possible at info@islandschool.org Please visit <http://wwwnc.cdc.gov/travel/notices> and www.osac.gov for current travel notices.

Arrival date		
Depart date: mm/dd/yy		
LAST NAME:	FIRST NAME:	SEX: M F
FULL ADDRESS:		
HOME PHONE:	EMAIL:	
DATE OF BIRTH:	DAY / MONTH / YEAR	AGE: HEIGHT: WEIGHT: Lbs.
Please make sure that each person is reachable for the entire duration of your visit and is aware that they are your contact.		
CONTACT PERSON 1: (MANDATORY)		
EMAIL ADDRESS:		
LAST NAME:	FIRST NAME:	RELATIONSHIP:
ADDRESS:		
DAYTIME PHONE:	EVENING PHONE:	MOBILE PHONE:
CONTACT PERSON 2: (OPTIONAL)		
LASTNAME:	FIRSTNAME:	RELATIONSHIP:
ADDRESS:		
DAYTIMEPHONE:	EVENING PHONE:	MOBILEPHONE:
SCUBA CERTIFIED:	Y	N

MEDICAL HISTORY – SECTION A

The following section is VERY IMPORTANT. We must be made aware of ALL of your special requirements, medical and dietary needs and any restrictions or limitations. Any omissions may have serious implications for yourself and/or fellow participants. Please complete all questions and include as much information as possible. We agree to maintain the privacy of any medical information provided.

	YES	NO
Have you been immunised against Tetanus? Approximate date of your last immunisation / booster: _____/_____/_____	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL HEALTH	YES	NO
In the past month, have you been in contact with any infectious diseases (including childhood diseases such as chickenpox, measles, and/or mumps) or people with diarrhoea or fever?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any communicable diseases such as Hepatitis, HIV/AIDS, or Tuberculosis (TB)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you travelled overseas in the past 6 months? If YES, which countries were visited? Countries:	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any special dietary requirements? Are there any foods you cannot safely eat? Please specify**	<input type="checkbox"/>	<input type="checkbox"/>

****We cannot fully accommodate all dietary and medical special considerations. If you have strict dietary needs (vegan, severe food allergies) or medical conditions, please contact us as soon as possible at info@islandschool.org**

Name of Participant: _____

MEDICAL CONDITIONS Do you have, or have you ever had, any of the following conditions?

DO NOT LEAVE ANY SPACE BLANK		YES	NO		YES	NO
1	Hepatitis			22	Digestive / alimentary conditions	
2	Mononucleosis (Mono /Glandular Fever)			23	Kidney or bladder problems	
3	Head injury or concussion			24	Sleep problem, e.g. sleepwalking	
4	Migraine or severe headaches			25	Spinal injuries or disorders	
5	Fainting spells or blackouts			26	Osteomyelitis, poliomyelitis, meningitis	
6	Loss of balance / co-ordination			27	Dengue fever, malaria, chikungunya, Lyme	
7	Memory lapses			28	Sexually transmitted diseases	
8	Convulsions, fits or epilepsy			29	Diabetes	
9	Vertigo or claustrophobia			30	Impaired movement	
10	Sea sickness or car sickness			31	Abnormal response to heat or cold	
11	Heart or circulatory disorders			32	Sinus problems	
12	Tuberculosis/TB			33	Thyroid disorder	
13	Arthritis or rheumatism			34	Speech difficulty	
14	Anaemia			35	Eye disease or glaucoma	
15	Haemophilia or bleeding problems			36	Visual impairment (Glasses/Contact Lenses)	
16	Leukaemia or other blood disorders			37	Ear disorders or hearing difficulties	
17	Menstrual / gynaecological problems			38	Recent injuries or operations	
18	Allergies e.g. bee stings, drugs, food			39	Any other condition (specify)	
19	Skin disorders e.g. eczema, tinea, MRSA					

If you answered YES to ANY of the above conditions, please give details in the space provided below. Please include whether any current or past condition might be of concern during the program. Attach additional notes if required.

No.	DATE of Onset	DETAILS	CURRENT EFFECTS/CONCERNS

Please also complete the below questions:

Do you have, or have you ever had, any of the following conditions?	No	Yes	Not Sure	
ADD, ADHD, or other related disorders				
Injuries to joints, bones or any other musculo-skeletal issues				
Medications required while participating in a program (prescription and over-the-counter)				
Psychological / Behavioral issues including eating disorders, depression, anxiety, Obsessive Compulsive Disorder (OCD)				
Respiratory issues including Asthma				
Did you answer Yes to any of the questions in Sections A through F above?				

If you answered 'YES' or 'NOT SURE' to any of the above, please also complete section B on next page

Name of Participant: _____

Participant Health History Form

Section B - Supplementary Information

If you answered Yes to any of the questions please explain in more detail, especially date of onset, treatment and current status.

If you answered No, leave blank and continue to the next page. Fully explain the history, date of onset, treatment and current status.

Medical Release, Acknowledgement of Risk Agreement

THIS IS A LEGAL DOCUMENT, PLEASE READ IT CAREFULLY BEFORE SIGNING.

Name of Participant: _____ Semester: _____

The safety and well being of our participants and visitors is of paramount importance to the faculty and staff of Cape Eleuthera Island School. All reasonable care and precautions are taken to ensure a safe, fun educational experience. The following acknowledgement and release are both requirements for insurance coverage and an important reminder to you as parents, visitors, and participants to be sure that you are properly prepared.

ACKNOWLEDGEMENT OF INHERENT RISKS

I understand and accept that participation in and visits to Cape Eleuthera Island School, including The Island School program may expose participants and visitors to significant risks including the risk of serious bodily injury, property and even death. Some of the risks which may be present or occur include, but are not limited to, those associated with the following activities: travel – by plane, automobile, boat, or on foot, SCUBA diving, swimming, snorkelling and free diving, home stays, the forces of nature (including, but not limited to, lightning, major storms and strong sun), the physical exertion associated with outdoor activity and a rigorous exercise program, injuries inflicted by animals, insects, or plants, and the hazards of travelling in steep terrain, including falling, activities by criminals and the negligent actions of other participants or employees and/or agents of the Island School. I understand that The Island School program is physically demanding. In addition to SCUBA diving, multi-day sea kayaking expeditions, motor boating and sailing, students will participate in exercise which includes but is not limited to swimming, biking, snorkelling, free diving, running, and calisthenics. I understand that my child is participating in a program in a wilderness environment. We have limited medical resources and there is no backup medical facility on Eleuthera in case of an emergency. Though we have Wilderness First Responders and Emergency medical technicians (EMTs) on staff, there is no hospital on Eleuthera- the nearest hospital is in Nassau. The Cape Eleuthera Island School is not a nut free campus. Although guests may be able to avoid nuts and seeds whilst they here, there is always an additional risk of accidental cross-contamination. Our kitchen is usually stocked with peanut butter and snack mixes containing almonds and sunflower seeds. There are also almond trees growing naturally on and off campus. We try to further minimize risks for incoming students by warning our team that guests with allergies are visiting and to be aware, but since we have so many visitors on campus we cannot guarantee a nut free facility. I freely and voluntarily accept and agree to assume the potential risks (including any unforeseen risks) inherent in participation in The Island School program. I understand and agree that the Released Parties (as defined below) are not obligated to attend to any of my/my child's medical or medication needs and I assume all risk and responsibility therefor. If I/my child require medical treatment or hospital care, the Released Parties shall not be responsible for the costs or the quality of such care.

_____ Participant Signature	_____ Date	_____ Parent/Guardian Signature # 1 (For minors under 18 years of age)	_____ Date
		_____ Parent/Guardian Signature # 2	_____ Date

MEDICAL TREATMENT AUTHORIZATION

IN CASE OF MEDICAL EMERGENCY, I _____ hereby authorize Cape Eleuthera Island School faculty and staff to act for me or in loco parentis (as a parent) for my child and secure appropriate medical treatment for me or my child _____. (Please print child's name if applicable)

I authorize the Island School healthcare professionals to secure and/or administer proper medical treatment for me or my child. This may include (but not be limited to); injections, anaesthesia, surgery and hospitalization. I agree to be responsible for the cost of any and all medical treatment, transportation, accompanying adult, and all other services provided to me/my child or incurred during my/their treatment.

_____ Participant Signature	_____ Date	_____ Parent/Guardian Signature (For minors under 18 years of age)	_____ Date
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Name of Insurance Provider: _____

Group #: _____ Policy #: _____

Participant/Visitor Signature _____ Date _____

Parent/Guardian Signature _____ Date _____
(For minors – under 18 years of age)

Parent/Guardian Signature # 2 _____ Date _____

RIGHT TO USE PHOTOGRAPHIC LIKENESS

In consideration of participation in The Island School program, I have and do hereby irrevocably consent to and authorize the use by Cape Eleuthera Island School of my/my child’s image, voice and/or likeness as follows: Cape Eleuthera Island School shall have the right to photograph, publish, re-publish, adapt, exhibit, perform, reproduce, edit, modify, make derivative works, distribute, display or otherwise use and reuse my/my child’s image, voice, and/or likeness in connection with any product or service in all markets, media or technology now known or hereafter developed in connection with Cape Eleuthera Island School services, as long as there is not intent to use the image, voice and/or likeness in a disparaging manner. Cape Eleuthera Island School may exercise any of these rights itself or through any successors, transferees, licensees, distributors or other parties, commercial or non-profit. The undersigned acknowledges receipt of good and valuable consideration in exchange for the grant of these rights, which may include the opportunity to represent the Cape Eleuthera Island School in its promotional and advertising materials as described above.

Visitor/Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature # 2 _____ Date _____