



# Visiting Programs Packet

The Island School  
PO Box EL-26029  
Rock Sound, Eleuthera  
The Bahamas

Island School: (242) 334-8551  
Cape Eleuthera Institute: (242) 334-8552  
Deep Creek Middle School: (242) 334-8414



# The Island School

Participant Name: \_\_\_\_\_  
First Middle Last

Birth Date \_\_\_\_\_ Age on arrival to campus: \_\_\_\_\_ Gender: Female   
Month/Day/Year Years Male

Other

Dates your participant will attend the program: from \_\_\_\_\_ to \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Emergency Contact Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

The following non-prescription medications are commonly stocked in The Island School Wellness Center and are used on an as needed basis to manage illness and injury.

- |   |  |
|---|--|
| Acetaminophen (Tylenol) <input type="checkbox"/> Yes <input type="checkbox"/> No          | Lice shampoo or scabies cream <input type="checkbox"/> Yes <input type="checkbox"/> No           |
| Ibuprofen (Advil, Motrin) <input type="checkbox"/> Yes <input type="checkbox"/> No        | Calamine lotion <input type="checkbox"/> Yes <input type="checkbox"/> No                         |
| Phenylephrine (Sudafed PE) <input type="checkbox"/> Yes <input type="checkbox"/> No       | Bismuth subsalicylate (Pepto-Bismol) <input type="checkbox"/> Yes <input type="checkbox"/> No    |
| Pseudoephedrine (Sudafed) <input type="checkbox"/> Yes <input type="checkbox"/> No        | Magnesium Citrate <input type="checkbox"/> Yes <input type="checkbox"/> No                       |
| Chlorpheniramine maleate <input type="checkbox"/> Yes <input type="checkbox"/> No         | Calcium Carbonate <input type="checkbox"/> Yes <input type="checkbox"/> No                       |
| Loratadine <input type="checkbox"/> Yes <input type="checkbox"/> No                       | Loperamide <input type="checkbox"/> Yes <input type="checkbox"/> No                              |
| Meclizine <input type="checkbox"/> Yes <input type="checkbox"/> No                        | Bisacodyl <input type="checkbox"/> Yes <input type="checkbox"/> No                               |
| Oxymetazoline Spray <input type="checkbox"/> Yes <input type="checkbox"/> No              | Laxatives for constipation <input type="checkbox"/> Yes <input type="checkbox"/> No              |
| Guaifenesin <input type="checkbox"/> Yes <input type="checkbox"/> No                      | Hydrocortisone 1% cream <input type="checkbox"/> Yes <input type="checkbox"/> No                 |
| Dextromethorphan <input type="checkbox"/> Yes <input type="checkbox"/> No                 | Diphenhydramine cream Topical <input type="checkbox"/> Yes <input type="checkbox"/> No           |
| Doxylamine Succinate <input type="checkbox"/> Yes <input type="checkbox"/> No             | Antibiotic cream <input type="checkbox"/> Yes <input type="checkbox"/> No                        |
| Cetirizine <input type="checkbox"/> Yes <input type="checkbox"/> No                       | Topical Analgesic (Bengay) <input type="checkbox"/> Yes <input type="checkbox"/> No              |
| Diphenhydramine (Benadryl) <input type="checkbox"/> Yes <input type="checkbox"/> No       | Calamine lotion <input type="checkbox"/> Yes <input type="checkbox"/> No                         |
| Generic cough drops <input type="checkbox"/> Yes <input type="checkbox"/> No              | Aloe <input type="checkbox"/> Yes <input type="checkbox"/> No                                    |
| Chloraseptic (Sore throat spray) <input type="checkbox"/> Yes <input type="checkbox"/> No | Electrolyte Tablets (K+, Mg+, Ca+, Na+) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Earache Drops (Hyland's) <input type="checkbox"/> Yes <input type="checkbox"/> No         | Vitamin C Powder or Tablets <input type="checkbox"/> Yes <input type="checkbox"/> No             |

### Allergies:

- No Known Allergies
- To foods (**list**):
- To medications: (**list**):
- To the environment (**insect stings, hay fever, etc.– list**):
- Other allergies: (**list**):

**Describe previous reactions:**

### Vaccinations:

Tetanus: \_\_\_\_\_ (date of last administration)  
Month/Day/Year

**COVID:** Please attach documentation of COVID vaccinations, and include all doses administered to date.

COVID 1st \_\_\_\_\_ (date of administration)  
Month/Day/Year

COVID 2nd \_\_\_\_\_ (date of administration)  
Month/Day/Year

COVID Booster \_\_\_\_\_ (date of administration)  
Month/Day/Year

COVID Booster \_\_\_\_\_ (date of administration)  
Month/Day/Year

**Diet, Nutrition:**  Eats a regular diet.  Has a medically prescribed meal plan or dietary restrictions:(describe below)

The participant is undergoing medical treatment at this time for the following conditions (**describe below—attach additional information if needed**):  None.

**Medication:**  No daily medications.  Will take the following prescribed medication(s) while at The Island School: (**name, dose, frequency—describe below—attach additional information if needed**)

Has the participant ever been treated by psychiatrist, psychologist, licensed clinical social worker or other mental health practitioner?  No  Yes

Other treatments/therapies to be continued during the program (**describe below**):  None needed.

Will the participant require any restrictions to activity during the program?  No  Yes

*If you answered "Yes" to the question above, what do you recommend (describe below—attach additional information if needed)?*

# 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 \_\_\_\_\_



# COVID-19 Release, Hold Harmless, Indemnification and Waiver

I (We), the undersigned and my/our child, (hereinafter “Child”) and (collectively hereinafter “Releasees”) have chosen to permit my (our) Child, to attend the Cape Eleuthera Island School (collectively hereinafter “CEIS”) during the COVID-19 Pandemic and agree to release, indemnify, hold harmless and waive any legally allowable claim the Releasees may have arising from the COVID-19 virus against CEIS, its officers, agents, directors, independent contractors, volunteers, students, employees and other representatives (hereinafter “Released Parties”) as more fully set forth below.

**Name of Guardian \***

**Name of Participant \***

## Acknowledgement of Inherent Risks

I (We) expressly understand and agree that attendance at CEIS during the COVID-19 Pandemic presents certain risks and dangers to my (our) Child, both serious and minor arising from being exposed to the COVID-19 virus. The novel coronavirus, COVID-19, is a highly infectious, life-threatening disease declared by the World Health Organization to be a global pandemic. COVID-19’s highly contagious nature means that contact with others, or contact with surfaces that have been exposed to the virus, can lead to infection. Additionally, individuals who may have been infected with COVID-19 may be asymptomatic for a period of time, or may never become symptomatic at all.

By signing this agreement, I (We) acknowledge the contagious nature of COVID-19, the fact that it can be difficult to identify in another, and the inherent risks of exposure to those who may be infected with COVID-19. I (We) voluntarily assume the risk that our Child may be exposed to or infected by COVID-19 on campus and that such exposure or infection may result in personal injury, illness, permanent disability, and/or even death. I (We) understand and acknowledge that given the unknown nature of COVID-19, it is not possible to fully list each and every individual risk of contracting COVID-19, nevertheless some of the generally understood risks are: acute respiratory failure, pneumonia, acute respiratory distress syndrome, acute liver injury, blood clots, acute cardiac arrest, injury, secondary infection, acute kidney injury, septic shock, disseminated intravascular coagulation, pediatric multisystem inflammatory syndrome and death. I (We) understand that the risk of becoming exposed to or infected by COVID-19 at CEIS may result from the actions, omissions, or negligence of the child and others, including, but not limited to the Released Parties. I (We) recognize that CEIS cannot limit all potential sources of COVID-19 infection.

By signing this agreement, I (We) understand that the use of PPE does not remove all risks of illness, nor does it make it inherently safe to return to The Island School campus. No party related to CEIS, including the Released Parties, has made any representations regarding the safety of, or the risks of, attending our program. I (We) have relied instead on my (our) own judgment as to whether to undertake the risks. I (We) voluntarily assume full responsibility for any and all risks of illness or injury associated with my exposure to COVID-19, as well as from use of any protective equipment, including face masks, that CEIS may voluntarily provide to my (our) Child. I (We) completely absolve the Released Parties of any and all legal or financial responsibility, including, but not limited to, any personal injury, disability, illness, damage or death from exposure to COVID-19, whether such exposure occurs before, during or after my Child's return to the campus. Also, I (We) agree, on behalf of myself, my personal representatives and heirs, not to make any type of legal or equitable claim on the Released Parties with respect to any exposure I (We or our Child) may have relative to COVID-19, whether or not it arises through the negligence, omission, default or other action of anyone affiliated with CEIS, including fellow students.

**By typing your name in the Signature box below, you are signing this Agreement electronically. You agree that your electronic signature is the legal equivalent of your manual signature.**

### **Participant Signature**

#### **Date**



Month Day Year

### **Guardian Signature**

#### **Date**



Month Day Year

### **Indemnification and Hold Harmless**

The undersigned, specifically understand I (We) are responsible, and on behalf of themselves and their Child, agree to indemnify, defend and hold harmless the "Released Parties" from any and all liability, actions, causes of action, claims or demands of every kind and nature whatsoever or related to in any way the COVID-19 virus, whether or not caused by the negligence (active or passive) of the Released Parties and specifically any claim for negligence or negligent acts which may arise out of, or in connection with, the undersigned's involvement in the program.

By typing your name in the Signature box below, you are signing this Agreement electronically. You agree that your electronic signature is the legal equivalent of your manual signature.

### Participant Signature

**Date**



Month Day Year

### Guardian Signature

**Date**



Month Day Year

### Release of Claims

In consideration of being allowed to attend CEIS, I (We), my (our) Child, their heirs, executors, administrators, employers, agents, representatives, insurers, and attorneys, hereby release and discharge the Released Parties from any and all legal claims which may arise from or relate to the COVID-19 virus, including but not limited to any negligent act or omission by the Released Parties or claims for reimbursement of tuition or any related costs if the program is interrupted. I (We) further release and discharge the Released Parties from liability for any accident, illness, injury, loss or damage to personal property, or any other consequence arising or resulting directly or indirectly from the COVID-19 virus. I (We) acknowledge and agree that the Released Parties assume no responsibility for any liability, damage, or injury that may be caused by our Child's negligent or intentional acts or omissions committed prior to, during, or after attendance at CEIS, or for any liability, damage or injury caused by the intentional or negligent acts or omissions of any other student at the Cape Eleuthera Island School, or caused by any other person.

### Severability

It is agreed that if any provision of this release is held invalid, the invalidity shall not affect other provisions of this release which can be given effect.

### Governing Law

This release shall be construed in accordance with, and governed by, the laws of the Commonwealth of The Bahamas.

By typing your name in the Signature box below, you are signing this Agreement electronically. You agree that your electronic signature is the legal equivalent of your manual signature.

### Participant Signature

#### Date



Month Day Year

### Guardian Signature

#### Date



Month Day Year