OUTINGS WILDERNESS TRIPS

PERMISSION SLIP:
ASSUMPTION OF RISK, RELEASE OF LIABILITY, and AUTHORIZATION TO TREAT

STUDENT NAME: OUTING:
LEADERS:
STUDENT EMAIL: DATES:
STUDENT PHONE NUMBER:

ASSUMPTION OF RISK
The student named above has my permission to attend the outing named above and to participate in the activities it entails. I understand that there are significant risks, both known and unknown, inherent in the activities associated with the outing named above and with transportation both to and from the outing’s destination. Furthermore, I understand that these risks could foreseeably result in property damage, bodily injury, or death, and I knowingly accept and assume those risks.

RELEASE OF LIABILITY
Being fully aware of these risks, I hereby voluntarily release and agree to hold Marin Academy, its employees, and trustees harmless from any and all liability, claims, demands, or causes of action which are related to or stemming from the above named student’s participation in activities associated with this outing.

AUTHORIZATION TO TREAT
In the event that the student named above, a minor, becomes sick or is injured, I do hereby authorize and consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment rendered under the general or special supervision of any member of the medical staff of any licensed hospital or medical facility in California or any other state. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care which the aforementioned physician or medical practitioner in the exercise of his or her best judgment may deem advisable. It is understood that a good faith attempt shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

EXPLANATION OF RISKS AND DANGERS
The danger and risks associated with this outing stem from the fact that we’ll be traveling and performing the above described activities outside and with unpredictable access to emergency rescue and medical aid. Risks associated with wilderness trips may arise from the terrain, the weather – including the possibility of unexpected storms – encounters with wildlife, and travel to and from the trailheads in motor vehicles. Risks associated with city-based, suburban, and rural outings may arise from any of the above, and may also include urban travel and traffic accidents. Water-based outings, including kayaking and SCUBA diving, are subject to any of the above risks as well as those arising from immersion in cold water and encounters with wildlife sea creatures. While all trip activities will be supervised by qualified and experienced personnel, and while safety will be our primary concern, it is impossible to guarantee that accidents will not happen.

I have read this document, I understand the risks I am accepting by signing it, and I agree to the validity and enforceability of this ASSUMPTION OF RISK, RELEASE OF LIABILITY, and AUTHORIZATION TO TREAT.

________________________________________________
SIGNATURE OF PARENT OR LEGAL GUARDIAN
DATE
PERTINENT MEDICAL INFORMATION:
In the interest of the personal safety of both the applicant and other group members, please consider the questions below carefully. We will review each student’s medical history with them in preparation for the trip. Please note that incomplete information can put all members of a group at risk.

**Does the student have history of, or currently experience:**

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<th>No</th>
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| □      | ☐   | ☐  | Respiratory problems or Asthma
| □      | ☐   | ☐  | Diabetes
| □      | ☐   | ☐  | Migraines
| □      | ☐   | ☐  | Head Injury
| □      | ☐   | ☐  | Heart Problems
| □      | ☐   | ☐  | Joint or Back injuries

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| □      | ☐   | ☐  | Allergy to any foods
| □      | ☐   | ☐  | Seasonal Allergies/Hay Fever
| □      | ☐   | ☐  | Altitude Sickness
| □      | ☐   | ☐  | ADD/ADHD
| □      | ☐   | ☐  | Depression
| □      | ☐   | ☐  | Anxiety

**Does the student have, or have history of, any medical condition or psychological illness not listed here?**
(Major surgeries or ongoing illnesses/conditions)  
**YES / NO**

If you have answered yes to any of the above questions please provide further detail below.
(Dates/duration of illness/injury, current symptoms and treatment etc.)
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

**Is the student currently taking any medications?**
(Including over the counter and prescription medications taken for any physical or psychological needs).  
**YES / NO**

If yes, please specify what medications here:
____________________________________________________________________________________________
____________________________________________________________________________________________

**Has the student taken any prescription medication in the last 3 years not listed above?**
**YES / NO**

If yes, please specify what medications here:
____________________________________________________________________________________________

**Is the student allergic to any medications?**
**YES / NO**

If yes, please specify what medications here:
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

EMERGENCY CONTACT INFORMATION:

**PEDIATRICIAN/ PRIMARY CARE PROVIDER:** ____________________________ **PHONE #** __________

**MEDICAL INSURANCE PROVIDER:** ____________________________ **POLICY #** __________

**STUDENT’S DATE OF BIRTH:** ____________________________

**MOST RECENT TETANUS TOXOID BOOSTER:** ____________________________

**Phone #s Where Parent(s)/Guardians can be reached in case of emergency:**

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<th>Name</th>
<th>Relationship to student</th>
<th>Telephone # (Work/Cell/Home)</th>
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I certify that the information above is true and complete.

_________________________________________  __________
Signature of parent or legal guardian  Date