

MEDICAL and RISK FORMS

Dear Parent:

Congratulations on your child's acceptance to MYLES!

Please complete these forms IMMEDIATELY and return them to:

MYLES
Montreat College
P.O. Box 1267
Montreat, NC 28757

Reminders:

- Fill out the two-page Medical History form – no doctor signature required.
- Make an appointment for a **physical** (use the two-page Physical Examination form). Mail the medical forms in **ASAP** to secure your place in the program.
- Make copies of all the medical forms before mailing your records.
- Medical histories are confidential but may be shared with those who have a need to know your information (*such as the staff who will be with you on the trip*)– provide an accurate history. It is VERY important to specifically list all food and other allergies.

Questions: Please call or email, Dr. Dottie Shuman,
Email: dshuman@montreat.edu
Ph: 828-669-8012 x 3405

MEDICAL HISTORY

PLEASE PRINT IN BLACK INK

*provision of social security number is voluntary and is requested solely for administrative convenience and record-keeping accuracy

NAME: LAST	FIRST	MIDDLE	GENDER	DATE OF BIRTH	SOCIAL SECURITY NUMBER*
PERMANENT ADDRESS: STREET		CITY		STATE	ZIP CODE
HOME PHONE:		STUDENT MOBILE:		PARENT MOBILE:	

EMERGENCY CONTACT INFORMATION

NAME	RELATIONSHIP	ADDRESS	
HOME PHONE:	WORK PHONE:	CELL PHONE:	OTHER:

The following health history is confidential, does not affect your admission status and, may be shared with those on a need to know basis or by court order. As needed, attach additional sheets for fuller explanations.

ALLERGY INFORMATION

List any food, drug, or contact allergies and type of reaction

DO YOU REQUIRE AN EPI-PEN (OR OTHER DEVICE) FOR ALLERGIC REACTIONS?

YES _____ **NO** _____

(IF YES, YOU ARE REQUIRED TO BRING TWO (2) DEVICES TO CAMPUS. IF ATHLETE, MUST BRING ADDITIONAL (3RD) DEVICE TO ATHLETIC TRAINING STAFF.)

HAVE YOU EVER HAD, OR DO YOU NOW HAVE: (check if applicable and indicate when and how long as well as any comments)

Condition	Yes	Dates of occurrence, any other comments
Chest pain with or after exertion		
Elevated blood pressure		
Dizziness with or after exercise		
Racing heart/irregular heart rhythm		
Heart murmur		
Fainting		
Anemia		
Asthma		if on inhaler, bring it
Shortness of breath		
Pneumonia		
Seasonal allergies/sinusitis		
Strep throat		
Arthritis		
Any orthopedic injury (specify type)		
Surgery/rehabilitation		
Heat exhaustion or intolerance		
History of hypothermia		
Female: irregular or painful periods		
Male: testicular problem (testes)		
Urinary tract infection (kidney/bladder)		
Headaches/migraines		
Concussion		List how many _____ and dates of occurrence
Seizures/epilepsy		
Gall bladder disease or ulcers		
Diabetes		Insulin pump?
Hernia		
Irritable bowel syndrome		
Chronic diarrhea or constipation		
Weight problem: or recent gain/loss		

Mental health issues (specify)		
Learning disability/ADHD		
Anorexia/bulimia		
Bi-polar		
Depression		
Other :		
Condition	Yes	Dates of occurrence, any other comments
Chronic fatigue syndrome/fibromyalgia		
Sexually transmitted disease		
Cancer		
Thyroid disease		
Medically prescribed diet or fad diet		
Dental plates or orthodontics		
Tuberculosis		
Malaria		
other		
Have you ever used or do you now use: (check if applicable and indicate when and how long as well as any comments)		
Use of vitamins, supplements, herbs		

Have you ever been hospitalized? _____ Specify and include dates: _____

Do you have any other medical/mental health concerns you wish to specify? _____

What kind of swimmer are you? Non-swimmer _____ weak _____ average _____ good _____ very strong _____

Do you exercise three or more times per week? Yes ___ No ___ Do you use a seatbelt on a regular basis? Yes ___ No ___

Current medications (prescription or non-prescription)			
Name of med/vitamin, birth control pill, etc	Dosage	How long have you been using the medication?	Used for:

PLEASE BRING ALL MEDICATIONS NEEDED WITH YOU TO MYLES

STATEMENT BY STUDENT (A PARENT OR GUARDIAN MUST ALSO SIGN IF A STUDENT IS UNDER AGE 18 OR STUDENT IS A RESIDENT OF ALABAMA AND UNDER AGE 19 OR IF STUDENT IS A RESIDENT OF MISSISSIPPI AND UNDER AGE 21):

I have personally supplied (or reviewed) the information on this two page history and attest that it is true and complete to the best of my knowledge. I understand that the information is strictly confidential but may be shared with those on a need to know basis or by Court Order. If I (my child) should be ill or injured or otherwise unable to sign the appropriate forms, I hereby give my permission to MYLES to release information from my (son's/daughter's) medical records (this form and other medical forms) to a physician, hospital, or other medical agency involved in providing me (him/her) with emergency treatment and/or medical care. I authorize copies of my (son's/daughter's) medical record to be released to the MYLES staff in accordance with requirements from those departments.

Signature of Student

Date

Signature of Parent/Guardian

Date

PHYSICAL EXAMINATION

Last Name	First Name	Middle Name	Date of Birth (mm/dd/yyyy)
Permanent Address: street		Area code/phone number	
City, State, Country, Zip Code			Email Address

If indicated: Hgb/Hct:

Blood Pressure _____ **Pulse** _____ **Height** _____ **Weight** _____ **BMI** _____

System examined	Normal	Abnormal	Comments
HEENT			
Respiratory			
Cardiovascular			
Gastrointestinal			
Abdominal/hernia			
Genitourinary			
Metabolic/Endocrine			
Neuropsychiatric			
Upper extremity joints			Inclusive of: shoulder, elbow, wrist
Lower extremity joints			Inclusive of: hip, knee, ankle
Spine and musculature			
Skin			
Mammary			
Reflexes			
Other:			

Any impairment of vision: glasses contact lens other impairment: _____

Is student under treatment for any medical or emotional condition? Yes _____ **No** _____

Reasons for treatment or counseling?

suicide gesture **academic/career** **substance abuse/chemical dependency**
family issues **eating disorder** **learning disability** **Other**

Please explain: _____

Any allergies (foods, medications, etc)?	YES	NO
Are there any dietary restrictions?	YES	NO
Allergic to insect bites or bee stings?	YES	NO
History of frostbite, hypothermia or Raynaud's Syndrome?	YES	NO
History of Acute Mountain Sickness or Cerebral Edema?	YES	NO
History of heat stroke or other heat related illness?	YES	NO
Is iodine contraindicated for this person?	YES	NO

ATTENTION MEDICAL PROFESSIONAL:
PLEASE READ THE FOLLOWING

Students in the MYLES program may participate in student activities or programs through the academic departments (such as Outdoor Education/Ministry and Environmental Studies/Education). Please sign below, indicating whether you believe the student is capable of participating in or requires any limitations on the following types of activities which may include:

- Day hiking and 3-day backpack trips for no more than 6 miles/day.
- Hiking and camping in remote areas where evacuation to modern medical facilities can take a few hours.
- Students will sleep outdoors, experience hard days, prepare meals, and set-up camp. Weather conditions can be extreme. Prolonged storms, high winds, intense sunlight, and wet conditions are possible.
- During wilderness expeditions, the student may be carrying a pack of 25-35 pounds on uneven terrain at elevations around 5,000 feet.
- Hiking may include rugged terrain. Each student is expected to take good care of his or her health and let instructors know of any issues.

Your signature indicates that, based on your assessment, this student is not restricted from participating in the MYLES expedition. If MYLES staff have any question on the student's capacity to successfully complete the course, we will call you directly.

I certify that I have reviewed the medical history and examined the above student and I recommend:

_____ **clearance with no limitations for any of the above activities**

_____ **clearance with limitations (please explain)** _____

_____ **medical follow-up recommended for** _____

Name of examining MD, PA, or NP _____

Signature _____

Address: _____ **Phone** _____

_____ **Date of Examination** _____

MEDICAL AUTHORIZATION

I understand it is my responsibility to confer with a physician or other health care professional to determine if the student has any past or current physical or psychological conditions that would impact the student's ability to participate safely in activities in MYLES. I am providing information to MYLES for informational purposes only. I understand MYLES does not have a health care professional in the program, however staff is qualified in Wilderness Medicine. **If the student does have any limitations, I understand it is my responsibility to inform the MYLES staff in addition to completing the medical forms.** In the event of serious injury or illness, I authorize MYLES staff to provide or obtain medical care for the student using their best judgment including emergency hospitalization and surgical or other medical care. Parents will always be notified about any medical issue.

I expressly authorize all physicians and/or medical facilities that render treatment obtained by MYLES for the student to release information about the treatment and copies of the student's medical information to coordinate care (med forms will always be with the staff in the field). I agree to pay for the costs of any such care obtained for the student. A photocopy of this authorization shall be considered as effective and valid as the original.

ACKNOWLEDGEMENT OF RISK

Participants on MYLES programs live, camp, and travel outdoors. I have read and understand all materials provided to me by MYLES about the program. I understand that my child will be participating in activities with inherent and other risks. MYLES cannot ensure or my child's safety, since the inherent risks are an essential part of the activities that contribute to the unique character of the experience. Activities may include (but are not limited to): hiking, backpacking, camping, initiatives and teambuilding activities including physical problem-solving activities. I understand my child may engage in other activities not listed above. The following describes some, but not all, of the inherent risks of MYLES' programs:

- MYLES will primarily use college-owned or rental vans for any road travel. Participants will secure their personal seat belts while the vehicle is in motion and will work to maintain a safe driving atmosphere while in the vehicle. Travel will take place on major interstates, highways, rural/county roads, gravel roads and may utilize a trailer for personal and group equipment. Risks may include minor to major traffic accidents and may result in injury or in extreme cases, multiple injuries or death.
- MYLES activities occur in remote places, potentially many hours or from medical facilities. Communication and transportation can be difficult and sometimes evacuations and medical care may be significantly delayed.
- Meals are often prepared over open fires or camp stoves. Water often requires purification before use. Camping and activity hazards include, but are not limited to burns, cuts, sprains and strains or fractures, diarrhea and flu-like illness, and falling timber.
- Travel may be by vehicle and foot, over rugged unpredictable off-trail terrain, including downed timber, river crossings, high mountain ridges, steep trails, and slippery rocks while carrying a heavy backpack. Attendant risks include collision, falling, falling objects, head injuries, becoming lost, acts by people outside MYLES' control, risks created or caused by other participants, and other risks usually associated with such travel, as well as environmental risks.
- Environmental risks include dangerous plants, insects, snakes, and aggressive animals, including large animals; falling and rolling rock; lightning, flash floods, and unpredictable forces of nature, including weather which may change to extreme conditions without notice.
- Additional risks are allergic reactions, hypothermia, frostbite, sunburn, heatstroke, heat exhaustion, dehydration, and other mild or serious conditions.
- Decisions are made by the staff (including volunteers), contractors, and participants, usually in a wilderness setting, based on a variety of perceptions and evaluations which by their nature are imprecise and subject to errors in judgment.
- My child will be responsible for any MYLES equipment issued to my child or that or my child uses and will pay for any loss or damage to that equipment. I also understand that equipment may fail or malfunction.

I acknowledge that the MYLES program entails risks of loss or damage to my (or my child's) equipment or property, illness, injury, emotional damage, or in extreme and unusual circumstances, permanent trauma, disability or death. I understand the description of the risks above is not complete and that other risks, including unknown or unanticipated risks may result in the losses described above. I agree to assume responsibility for all risks, whether inherent or not, including those risks not specifically identified. My child's participation in this activity is purely voluntary and I elect to have my child participate in spite of the risks. My child will use good judgment and abide by all rules and policies while involved in the program. I understand my child's safety is my child's personal responsibility and my child will let the instructors know if my child feels something is unsafe or outside my child's ability. I have verified with my physician and other health professionals that I my child has no past or current physical or psychological conditions that might affect my child's participation or prohibit my child) from participating safely. I understand MYLES staff may have some first aid training, but they are not physicians. I authorize MYLES staff to provide or obtain medical care for my child using their best judgment including emergency hospitalization and surgical or other medical care. I agree to be responsible for the cost of any such care, including the cost of evacuation.

MYLES and the ATC may use all photographs/electronic images in which my child appears, and that I authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage and/or distribution of said photographs/film/video tapes/electronic representations at the discretion of MYLES or the ATC without limitations or reservations. _____INITIAL HERE IF YOU DO NOT GIVE THIS PERMISSION

I hereby voluntarily and forever release, waive, and discharge MYLES and its officers, trustees, agents, employees, independent contractors, volunteers, and all other persons or entities acting under their direction and control (collectively "the Released Parties") from and agree not to pursue, any and all claims, demands, or causes of action, related to illness, injury, disability, death, or any other loss which are in any way connected with my child's enrollment or participation in the activities or use of equipment or facilities. I further agree to hold harmless and indemnify (to pay or reimburse for money they are required to pay, including attorney's fees and costs) the Released Parties for any and all claims by me, my child, a family member, a rescuer, another participant, or any other person, arising in whole or in part from illness, injury, disability, death, or any other loss suffered by or caused by my child in connection with enrollment or participation in the MYLES activity. These release and indemnity agreements are to be construed to the fullest extent permitted by law and apply to claims that the Released Parties were in whole or in part negligent. But, the agreements do not apply to claims of gross negligence. I agree that the substantive law of North Carolina (but not any law that would apply the laws of another jurisdiction) governs this document and any dispute or suit I have (or my child has) with the Released Parties. Any mediation, suit, or other proceeding must be filed or entered into only in North Carolina. Any portion of this document deemed unlawful or unenforceable is severable and shall be stricken without any effect on the enforceability of the remaining provisions. An electronic copy of this document is as valid as the original.

I HAVE CAREFULLY READ, UNDERSTAND, AND VOLUNTARILY AGREE TO THE TERMS IN THIS AGREEMENT AND ACKNOWLEDGE THAT IT IS BINDING ON ME, MY CHILD, MY HEIRS, ESTATE, EXECUTORS, REPRESENTATIVES, AND ASSIGNS. I UNDERSTAND I AM SURRENDERING CERTAIN LEGAL RIGHTS. THIS ENTIRE AGREEMENT APPLIES TO ANY AND ALL MONTREAT ACTIVITIES IN WHICH I (OR MY CHILD) PARTICIPATE IN OVER THE NEXT YEAR STARTING ON THE DATE SIGNED.

If participant is under the age of eighteen (or if participant is a resident of Alabama and is under the age of 19) (or if participant is a resident of Mississippi and under the age of 21) at the time this document is signed, participant and a parent or legal guardian must sign below.

Participant signature Date Print name here Date of Birth/Age

I HEREBY WARRANT THAT I HAVE LEGAL AUTHORITY TO ACT ON BEHALF OF THE MINOR PARTICIPANT. I AGREE, FOR MYSELF, AND ON BEHALF OF THE MINOR PARTICIPANT TO THE TERMS AND CONDITIONS IN THIS AGREEMENT.

Parent or legal guardian signature Date Print name here