

Youth Participant in Mountaineers Adult-Oriented Programs

Parent Packet

Dear Parent,

We're so glad your child is joining our Mountaineers activity. The Mountaineers has been teaching outdoor skills for over 100 years, and we are proud to continue the tradition of incorporating enthusiastic youth into our courses and outings.

As you know, the activity your child is enrolled in serves primarily adult participants. As such, it requires a level of maturity and independence on your child's behalf above what we would expect in an all-youth program. We also want to make sure you as a parent understand the policies and procedures we have in place to ensure your child's safety.

When youth are participating in adult-oriented Mountaineers programs, we ensure that at least one adult leader has gone through our youth training and criminal background check, making them a Qualified Youth Leader. We also ensure that regular volunteers who will be working directly with youth receive the necessary training and orientation to create a safe learning environment for the youth. The Qualified Youth Leader(s) working with your child strive to provide a physically and emotionally appropriate environment for your child during the activity. This includes providing appropriate supervision and structuring the program so that youth have the greatest opportunity for success. You can view a full copy of The Mountaineers Youth Participants in Adult Programs Handbook at www.mountaineers.org/YPIAP-handbook

Please find the enclosed forms, and be sure to read them carefully and sign them. Each of these forms is in place to protect your child and help us provide an appropriately safe program. The Acknowledgment of Risk form specifically outlines special considerations for youth participating in adult-oriented programs, so please read that carefully so you understand our policies and procedures. **Please submit one copy of the entire completed packet to the Program Center and send one copy with your child on the trip or course.** Forms can be emailed to the Program Center at info@mountaineers.org or mailed to 7700 Sand Point Way NE, Seattle WA, 98115.

Please don't hesitate to contact your activity leader with any questions you have. We look forward to exploring the outdoors with your child.

Sincerely,

Becca Polglase

Director of Education

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Youth Information

First & Last Name _____

Preferred Nick-name _____

Birth Date ___/___/___ Age ___ Gender ___

Address _____

City _____ State ___ Zip _____

Parent/Guardian 1 _____

Primary Phone (____) _____ Alternate (____) _____

Email: _____

Parent/Guardian 2 _____

Primary Phone (____) _____ Alternate (____) _____

Emergency Contact _____

Primary Phone (____) _____ Alternate (____) _____

Please indicate if your child has ever had any of the following injuries, conditions or illnesses:

- | | | |
|--|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> GI Disorders | <input type="checkbox"/> Psychiatric Diagnosis |
| <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> ADD/ADHD |
| <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Muscular/Skeletal Injury |
| <input type="checkbox"/> Developmental Disorders | | |
| <input type="checkbox"/> Other _____ | | |

Please record information about any items above; any significant medical history; any hospitalization, doctor visits or surgical history of consequence in the past 5 years; and any other health related information or further suggestions for Mountaineer personnel (attach additional information if necessary)

Dietary Needs: _____

Immunization History

Please list all known history

	Year of Original	Last Booster
Vaccine		
Chickenpox	_____	_____
Diphtheria	_____	_____
Hepatitis B	_____	_____
Measles	_____	_____
Mumps	_____	_____
Pertussis	_____	_____
Polio	_____	_____
Rubella	_____	_____
Tetanus	_____	_____
HIB	_____	_____
PCP	_____	_____
TB Test	Date: _____	Result: _____

Allergies -List ALL known

Allergy _____

Usual Reaction _____

Treatment _____

Allergy _____

Usual Reaction _____

Treatment _____

Allergy _____

Usual Reaction _____

Treatment _____

Youth Name: _____



Insurance Information (It is highly recommended to provide a copy of your insurance card)

It is the responsibility of every parent or legal guardian to provide the participant's accident and health coverage while participating in Mountaineers activities. The Mountaineers does not provide any accident or health coverage for its participants.

Is the participant covered by medical/hospital insurance? YES NO

If yes, indicate carrier/plan name: (Print Clearly) _____

Carrier address: _____

Name of Insured: _____ Relationship to participant: _____

Insurance ID#: _____ Group #: _____

Name of family physician: _____ Phone: _____

Name of family dentist/orthodontist: _____ Phone: _____

Authorization for Treatment

This health history is correct to the extent of my knowledge, and my child has permission to engage in all prescribed activities. I hereby give permission to the First Aid or medical personnel selected by a Mountaineer Leader to provide treatment according to their assessment of my child's needs. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by a Mountaineer Leader to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above. I understand that The Mountaineers does not provide emergency transportation and I authorize transportation by ambulance according to the judgment of the staff. I understand the program fees do not include health and accident insurance and I will be responsible for any and all charges incurred in obtaining prompt medical attention. This completed form may be photocopied for trips off of the Mountaineers property.

Signature of Parent or Guardian: _____ **Date:** _____

**The Mountaineers 2015-2016 ACKNOWLEDGEMENT OF RISKS
AND WAIVER AND RELEASE OF LIABILITY
Youth Participating in Adult-Oriented Programming**

PLEASE READ CAREFULLY THIS ACKNOWLEDGMENT OF RISKS, WAIVER AND RELEASE OF LIABILITY AND SIGN BELOW ON THE SECOND PAGE. THIS IS A TWO PAGE LEGAL DOCUMENT AND YOU MUST READ BOTH PAGES AND AGREE TO THE INFORMATION PROVIDED ON BOTH PAGES. The Mountaineers takes pride in our efforts to provide a safe and supervised program, but outdoor recreation by nature is not without risk. We do not want to diminish your enthusiasm for the experience; we want all participants to know in advance what to expect and what some of the potential risks are by participating in the camp program. The following describes some but not all of the risks.

Slips and falls during activities at the Program Center and in the mountains can occur as a result of uneven ground, backpacking and hiking on slopes and paths with bumps, sharp sticks and exposed roots.

While out of doors, participants may also be exposed to a variety of natural life including, but not limited to, marine life such as crabs, sea urchins, and jelly fish, plant life such as stinging nettles, flying insects such as yellow jackets, wasps and mosquitoes, other animals such as snakes, raccoons, goats and deer.

Water activities may include swimming and kayaking. All water activities have the danger of bodily harm, hypothermia and drowning.

Participants may be responsible for helping with food preparation, and may be around outdoor cooking stoves, flammable materials, sharp knives and open fire.

Potential consequences of the activities include, but are not limited to broken bones, muscle tears, sprains, joint problems, or other orthopedic injuries, disabling head or spinal injuries, eye injuries, heart attacks, strokes, and other cardiovascular problems, heat exhaustion or heat stroke, allergic reactions, cuts, infections, burns, dehydration, mental anguish, hypothermia, drowning or other means of death.

Risks may include equipment malfunction or loss of control, collision of obstacles, variation of terrain, or unexpected actions by animals or other people. I understand that participants may act in a negligent manner that can contribute to injury to themselves or others, such as failing to maintain control, not acting within his or her abilities or not following the rules.

I UNDERSTAND THAT MY CHILD WILL BE PARTICIPATING IN A PROGRAM DESIGNED PRIMARILY FOR ADULT LEARNERS, AND THAT THE MAJORITY OF THE OTHER STUDENTS IN THIS PROGRAM WILL BE ADULTS OVER THE AGE OF 18. While The Mountaineers conducts background checks and provides youth training to volunteers instructing youth, The Mountaineers cannot conduct background checks on all volunteers or students. I understand that while The Mountaineers strives to create healthy and respectful learning environments, The Mountaineers ultimately cannot control the conduct of other students, and my child may be exposed environments such as evening campfires where adults of legal age may drink alcohol or smoke, and to language or subject matter that I would consider inappropriate for youth.

I understand that The Mountaineers utilizes carpools to get to and from program sites. I understand that if my child participates in carpools, the driver must be on the authorized pick-up list. I understand that The Mountaineers does not provide transportation to and from adult programs, and provides no coverage for students or volunteers while they are in transit to and from programs. The Mountaineers makes no effort to background check or otherwise manage drivers in carpools. Therefore my child's participation in a carpool is solely at my discretion, and Mountaineers leaders will not release a youth to a driver unless they are listed on my child's authorized pick-up list.

**The Mountaineers 2015-2016 ACKNOWLEDGEMENT OF RISKS
AND WAIVER AND RELEASE OF LIABILITY
Youth Participating in Adult-Oriented Programming**

I acknowledge that The Mountaineers or its representatives are not responsible in any way for personal clothing, items or equipment that may be lost, stolen or damaged as a result of my participation in Mountaineers activities.

In some instances, Mountaineers Staff or Volunteer Leaders may require medical clearance and/or instructions from a licensed medical professional in order for a youth to participate in the program. Examples include but are not limited to: injuries, surgery, eating disorders, psychological & nervous disorders, developmental disorders, heart conditions, diabetes. This information will be disclosed only to the people who need to have it in order to maintain a safe environment. In some cases, Mountaineers Leaders may, at their discretion, forbid participation on a trip if they feel the circumstances of the trip make it too difficult to safely manage the participant's medical needs or limitations.

IN CONSIDERATION FOR MY CHILD BEING PERMITTED TO PARTICIPATE IN MOUNTAINEERS ACTIVITIES, I HAVE READ OR HAVE HAD READ TO ME THE RISKS OF ACTIVITIES WITH THE MOUNTAINEERS. I VOLUNTARILY ACCEPT THE RISKS INVOLVED. I AM AWARE THAT MY CHILD WILL HAVE THE OPPORTUNITY TO PARTICIPATE IN, AND I APPROVE OF HIS/HER PARTICIPATION IN, MOUNTAINEERS ACTIVITIES DESIGNED FOR ADULT STUDENTS AND INVOLVING A DEGREE OF RISK. I AGREE TO RELEASE ANY CLAIMS THAT I MIGHT HAVE AS AN ADULT FOR ANY LOSS, INJURY OR DAMAGE RELATED TO MY CHILD'S PARTICIPATION, INCLUDING CLAIMS BASED ON NEGLIGENCE.

I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO PROVIDE FOR MY CHILD'S ACCIDENT AND HEALTH COVERAGE WHILE PARTICIPATING IN ANY MOUNTAINEERS ACTIVITY. THE MOUNTAINEERS DOES NOT PROVIDE ANY ACCIDENT OR HEALTH COVERAGE FOR ITS PARTICIPANTS.

I give permission for The Mountaineers to use, without limitation or obligation, photographs or other media that may identify or include the image or voice of me or my child to promote or interpret Mountaineers programs for any business purpose, including media coverage. I waive all claims for any compensation for such use.

I understand that should a person arrive to pick up a youth participant and appears to be under the influence of drugs or alcohol that the youth will not be released until another person who is not under the influence of drugs or alcohol arrives to pick up the youth. If no person is located, Mountaineers personnel may have no recourse but to contact the police.

I HAVE READ OR HAVE HAD READ TO ME, AND I UNDERSTAND AND AGREE TO THE ABOVE STATEMENTS AND THE STATEMENTS ON PAGE 1 OF THIS TWO-PAGE DOCUMENT. I UNDERSTAND THAT THIS FORM MAY NOT BE ALTERED AND THAT MY CHILD MAY NOT PARTICIPATE WITHOUT THIS FORM SIGNED. I ACKNOWLEDGE THAT I HAVE SIGNED THIS OF MY OWN FREE WILL, THAT THIS DOCUMENT MAY AFFECT MY LEGAL RIGHTS, AND THAT MY CHILD'S PARTICIPATION IN MOUNTAINEERS ACTIVITIES IS PURELY VOLUNTARY.

Youth Participant printed name

Date

Parent/Guardian printed name

Date

Parent/Guardian Signature

Date



DROP-OFF & PICK-UP

While we do not arrange transportation for youth to and from the Mountaineers Program Center (or other designated meeting place), we do encourage carpooling.

Transportation to and from the Mountaineers Seattle Program Center (or other designated meeting place) is at the sole discretion of the parent/guardian of each youth participant. If a youth takes public transportation, carools with another family or otherwise transports himself/herself to and from the meeting location, the parent is responsible for making appropriate communication arrangements with the youth.

Course meetings, field trips and activities start and end at varied times. Youth are expected to show up on time at the trip meeting place (usually the Mountaineers Seattle Program Center). At the end of the event, youth are dismissed with the rest of the students. Mountaineers volunteers will stay at The Mountaineers until all youth have left.

I understand that it is my responsibility as the primary caregiver to ensure that my child is picked up on time, and that if I (or a designated pick-up person) am more than 10 minutes late, and The Mountaineers have not heard from me, program leaders will begin calling emergency contacts, beginning with the primary caregiver. After 3 hours, if The Mountaineers have not been able to reach any person at any of the contact numbers listed on the participant's paperwork, The Mountaineers will have no choice but to call CPS to arrange for a place for the child to stay for the night.

PLEASE INITIAL ONLY ONE OPTION:

I approve The Mountaineers to release my child with the rest of the students, and trust my child to return home via transportation that my child and I agree upon. I DO NOT request that The Mountaineers monitor who my child leaves meetings and programs with.

I request that Mountaineers staff or volunteer leaders monitor who my child leaves meetings and programs with. My child may ride with the following adults **ONLY**:

Parent/Guardian _____	Phone: _____
Parent/Guardian _____	Phone: _____
Pick-up Person #3 _____	Phone: _____
Pick-up Person #4 _____	Phone: _____
Pick-up Person #5 _____	Phone: _____
Pick-up Person #6 _____	Phone: _____
Pick-up Person #7 _____	Phone: _____
Pick-up Person #8 _____	Phone: _____

Youth Name: _____

Youth Signature: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____



ADULT SUPERVISORS

In Mountaineers Adult Programs, youth under the age of 14 must be accompanied by an adult who agrees to take responsibility for providing primary supervision of the youth.

Please complete *either* SECTION A **OR** SECTION B

SECTION A:

"I certify that my child enrolled in the Mountaineers Adult Program for which I am submitting this form will be 14 years old or older for the entirety of the program."

Youth Name: _____

Name of Mountaineers Program: _____

Signature of Parent/Guardian: _____ **Date:** _____

SECTION B:

PLEASE INITIAL:

____ I approve the adults listed below to act as supervisors and caretakers for my child while participating in Mountaineers activities.

____ I have informed my child(ren) that the adults listed below will act as their supervisor and caretaker while they participate in Mountaineers activities, and my child agrees to participate under the supervision of these adults.

____ I certify that I have informed the adults listed below of their responsibilities as primary supervisors and caretakers of my child(ren) while participating in Mountaineers activities, and that they have agreed to fulfill these responsibilities.

Parent/Guardian _____ Phone: _____

Parent/Guardian _____ Phone: _____

Adult Supervisor #3 _____ Phone: _____

Adult Supervisor #4 _____ Phone: _____

Adult Supervisor #5 _____ Phone: _____

Adult Supervisor #6 _____ Phone: _____

Youth Name: _____

Youth Signature: _____ **Date:** _____

Signature of Parent/Guardian: _____ **Date:** _____

**Medication
Authorization Form**

SELF ADMINISTERED MEDICATION – for non-controlled PRN prescription medications (such as epipens and inhalers)

My child has permission to carry and self administer the medication listed below:

Child's Name _____

Name of Medication: _____ Dose: _____

When Medication Should Be Taken: _____

What Happens If Medication Is NOT Taken: _____

OVER THE COUNTER MEDICATION PERMISSION – for all non-prescription medications, including topical ointments.

I give permission for leaders to distribute the following over the counter medication to my child:

Name of Medication: _____ **Dose:** _____

When Medication Should Be Taken: _____

Name of Medication: _____ **Dose:** _____

When Medication Should Be Taken: _____

Name of Medication: _____ **Dose:** _____

When Medication Should Be Taken: _____

Name of Medication: _____ **Dose:** _____

When Medication Should Be Taken: _____

Note: All medications, including OTC Medications must be in their original bottle, labeled with the child's first and last name, and must be current (not expired). Mountaineers leaders will distribute parent-indicated dosage or recommend dosage on label, whichever is less.

Parent Signature: _____ Date: _____

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**OTC Medication
Administration
Authorization Form**

As part of the Mountaineers program, youth may spend 2-10 days in the care of Mountaineers Staff and Volunteers, away from parents. While we promote a healthy environment by ensuring youth are fed and hydrated, and by avoiding extreme conditions when possible, there are times when a youth's comfort and ability to fully participate can be significantly improved with over the counter medication. Examples include headaches, nausea, allergies, minor injuries and menstrual cramps.

I give permission for the Mountaineers staff and volunteers to administer sunscreen, hand sanitizer and/or Over The Counter medications to my child as needed at their discretion. The Mountaineers staff and volunteers will never administer a dosage that is greater than the dosage recommended on the medication directions for use. I assert that my child has no known allergies to any brands of these products, and acknowledge that allergies can develop at any time.

"I hereby give representatives of The Mountaineers permission to administer:

(initial) _____ any brand of non-prescription Sunscreen

(initial) _____ any brand of non-prescription Hand Sanitizer

(initial) _____ any brand of non-prescription Ibuprofen

(initial) _____ any brand of non-prescription Acetaminophen

(initial) _____ any brand of non-prescription Diphenhydramine HCl (antihistamine found in brands like Benadryl)

(initial) _____ any brand of non-prescription Antacid or Anti-diarrheal (such as Tums or Pepto Bismol)

(initial) _____ any brand of non-prescription topical Antihistamine

(initial) _____ any brand of non-prescription topical Antibiotic

(initial) _____ any brand of non-prescription cold or allergy medication

At their discretion to my child."

Youth Name

Parent Signature

Date

This page left blank intentionally

**Authorized Prescriber's
Order for Medication
Administration**

Authorized Prescriber's Order

(Physician, Dentist, Physician's Assistant, Advanced Practice Registered Nurse)

PRESCRIPTION MEDICATION PERMISSION – for all prescription medications, including controlled, non-controlled and self-administered medications

Child's Name _____ Birth Date _____ Today's Date _____

Medication Name _____ Controlled Drug? **Yes / No**

Condition for which drug is administered _____

Dosage _____ Method _____ Times of administration: _____

Any specific instructions for medication administration: _____

Medication Administration: Start Date _____ End Date _____

May this medication be self-administered by the child? **Yes / No**

Relevant side effects of medication _____

Plan for management of side effects _____

Known Allergies _____

Prescriber Information & Signature

Printed Name _____ Phone: _____

Address (Street, City, State, Zip) _____

Prescriber signature: _____ Date: _____

Parent/Guardian Information & Signature

Authorizing administration of medication as described and directed above

Printed Name _____ Phone: _____

Address (Street, City, State, Zip) _____

Parent/Guardian signature: _____ Date: _____

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Special Circumstances

Page 1 of 2

The Mountaineers strives to be a welcoming and inclusive organization. We believe that our program participants benefit from sharing meaningful experiences in a positive outdoor environment with others who bring a diversity of skills, life experiences, personalities, perspectives and beliefs to the program.

Many youth have life situations that may influence their experience in Mountaineers programming. These situations may be medical, physical, dietary, religious, emotional, family-related, school-related or trauma-related. In order to best serve each youth, we request that parents/guardians share this information with us on this form.

The Mountaineers is an Outdoor Education organization, and we strive to provide the best possible learning environment so that participants have the best chance of success in skill– and community-building. This includes maintaining physical and emotional comfort and safety for participants. The Mountaineers will make every effort to accommodate any special requests associated with the circumstances listed on this form. In the event that we cannot make accommodations, we will communicate that in advance with the family, and the youth will have the option to participate without accommodation or to forego participation.

The Mountaineers takes privacy and confidentiality seriously. Information on this form will be shared ONLY with the individuals listed as “primary leaders” for the activity or activities in which the youth is participating. Information will not be disclosed to any other individuals *except* as necessary for the safety of the youth *and* as communicated with the youth and family in advance of disclosure. Youth may have the option to forego participation in lieu of disclosure.

PLEASE COMPLETE BOTH SIDES OF THIS TWO-PAGE FORM

Does the youth participant have any special dietary needs? ___no ___yes - _____

Does the youth participant receive any special services at school? ___no ___yes

Please share anything we can do that will help the youth participant be successful in our program:

Does the youth participant take any medication during the school year? ___no ___yes – which ones? _____

Are there any recent adjustments or family situations that may be impacting the youth participant?

Are there any religious accommodations you would like us to make for the youth participant?



Special Circumstances

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In the event of injury or illness, The Mountaineers leaders will provide basic first aid in the field according to their training and certification level, and if needed will transport the youth by ambulance to the nearest definitive care facility. Do you have any specific instructions regarding medical care for the youth participant?

Does the youth participant have any short-term or long-term physical limitations?

Are there any specific accommodations you would like to request that have not already been listed on this form?

Is there anything else you'd like us to know?

May we disclose this information at our discretion to other adult volunteers and staff in the program?

yes

No, we request that you consult with the family and youth before disclosure to any other individuals.

May we disclose this information at our discretion to other youth in the program?

yes

No, we request that you consult with the family and youth before disclosure to any other youth participants.

Youth Participant printed name

Date

Youth Participant signature

Date

Parent/Guardian printed name

Date

Parent/Guardian Signature

Date