

**Health History and Examination Form
for Students, Teachers, and Staff
participating in Pali Institute Programs.**

Dates of Camp Attendance: _____

The information on this form is not part of the student or staff acceptance process, but is gathered to assist us in identifying appropriate care. Health history must be filled out by parents/guardians of minors. An updated form is required annually.

Name _____ Gender: M / F Birth Date _____ Age at Camp _____

Home Address _____
Street Address _____ City _____ State _____ Zip _____

Custodial Parent/Guardian _____ Phone _____

Home Address _____
(If different from above) Street Address _____ City _____ State _____ Zip _____

Business Address _____ Phone _____
Street Address _____ City _____ State _____ Zip _____

Second Parent/Guardian or Emergency Contact _____

Home Address _____
Street Address _____ City _____ State _____ Zip _____

Business Address _____ Phone _____
Street Address _____ City _____ State _____ Zip _____

If not available in an emergency, notify:
Name _____

Relationship _____ Phone _____

Address _____
Street Address _____ City _____ State _____ Zip _____

Insurance Information	
Is the participant covered by family medical/hospital insurance?	Yes _____ No _____
If so, indicate carrier/plan name _____	Group _____
Name of family physician _____	Phone _____
Name of family dentist/orthodontist _____	Phone _____

IMPORTANT - THESE BOXES MUST BE COMPLETED FOR ATTENDANCE

Parent/Guardian Authorizations: The health history is correct and complete to the best of my knowledge. The person herein described has permission to engage in all camp activities except as noted. I hereby give permission to Pali Institute to provide routine health care, administer prescribed medications, and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to Pali Institute to arrange necessary related transportation. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by Pali Institute to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for trips out of camp.

Signature of parent/guardian or adult camper/staffer _____
Printed Name _____ Date _____

I give my child _____ permission to travel under the supervision of one or more persons authorized by Pali Institute. I hereby release Pali Institute, its owners, officers, agents and employees from any and all liability. I also agree to allow my child to be used in any or all promotional photographs and videos.

Signature of parent/guardian or adult camper/staffer _____
Printed Name _____ Date _____

Name

School

Year

Student Name: _____ School: _____

Health

History

The parent/guardian, or adult camper or staff member must fill in the following information. The intent of this information is to provide camp health care personnel the background to provide appropriate care. Keep a copy of the completed form for your records. Any changes to this form should be provided to camp health personnel upon participant's arrival in camp. Provide complete information so that camp can be aware of your needs.

Please give dates for the following immunizations:

Vaccine	Dates (Mo/Yr)					
DTP	_____	_____	_____	_____	_____	_____
TD (tetanus/diphtheria)	_____	_____	_____	_____	_____	_____
Tetanus	_____	_____	_____	_____	_____	_____
Polio	_____	_____	_____	_____	_____	_____
MMR	_____	_____	_____	_____	_____	_____
or Measles	_____	_____	_____	_____	_____	_____
or Mumps	_____	_____	_____	_____	_____	_____
or Rubella	_____	_____	_____	_____	_____	_____
Haemophilus influenza B	_____	_____	_____	_____	_____	_____
Hepatitis B	_____	_____	_____	_____	_____	_____
Varicella (chicken pox)	_____	_____	_____	_____	_____	_____

Which of the following has the participant contracted? (Give date)

- Chicken Pox _____
- Measles _____
- German Measles _____
- Mumps _____
- Hepatitis A _____
- Hepatitis B _____
- Hepatitis C _____

General Medical information

Operations or serious injuries (dates) _____
 Chronic recurring illness or medical condition _____
 Dietary restrictions _____
 Allergies (medication, food, others) _____

Has/does your child have/had any of the following:

- Frequent Ear Infections
- Heart Defect/Disease
- Convulsions
- Diabetes
- Head Injury
- Frequent Headaches
- Hypertension
- Mononucleosis
- Asthma
- Wear Glasses/Contacts
- Bleeding/Clotting disorders
- Sleepwalking
- Eating Disorder
- Bedwetting
- Orthodontic Appliance

Please explain any 'yes' answers _____

Over the counter medications

I _____ hereby give permission for Pali Institute to administer the following over-the-counter medications if the nurse deems it necessary. Dosages will be administered according to directions on the bottle unless a physician directs otherwise.

Tylenol *Upset Stomach – Pepto Bismol/Tums* *Diarrhea – Immodium AD* *Cold/Runny Nose – Sudafed*
Ibuprophen *Poison Ivy – Calamine Lotion or CortAid* *Allergic Reaction – Benadryl/Loratidine*

Signed _____ Date _____

Medications Being Taken

Please list ANY and ALL medications student will be bringing to camp. Bring enough medication to last the entire time at camp. All medications must be kept in their ORIGINAL BOTTLE/PACKAGING in order to be administered while at camp. The ORIGINAL BOTTLE/PACKAGING will allow us to identify the prescribing physician (if a prescription drug), the name of medication, the dosage, and the frequency of administration.

- This person takes NO medications on a routine basis
- This person takes medication as follows:

Med #1 _____ Dosage _____ Specific times taken each day: Breakfast Lunch Dinner Bed

Reason for taking _____

Med #2 _____ Dosage _____ Specific times taken each day: Breakfast Lunch Dinner Bed

Reason for taking _____

Attach additional pages for more medications.

Pali Institute Release

Child's name: _____ I have enrolled the afore-named child or children ('Child') in the program ('Program'). I understand the Child's participation in the Program involves exposure to inherent risks that cannot be eliminated. I also understand that the Child's participation in the Program may require the use of a ropes course and other Institute activities, which may have potential risk of injury.

"Individually and as the parent or guardian of the Child, I HEREBY EXPRESSLY ASSUME ALL RISKS associated with the Child's participation in the Program including all risks associated with ropes courses and other Institute activities."

"Despite my understanding of the foregoing risks, I, individually and as the parent or legal guardian of the Child, AGREE NOT TO SUE AND TO RELEASE FROM LIABILITY AND TO DEFEND, INDEMNIFY AND HOLD HARMLESS PALI INSTITUTE, and their representatives, owners, employees and agents for any damage or injury arising out of the Child's participation in the Program regardless of the cause, including negligence."

"I understand that the foregoing is a LIABILITY RELEASE and a MEDICAL AUTHORIZATION that is legally binding on me, the Child, our heirs and our legal representatives and I sign it of my own free will."

Signature of Parent/Legal Guardian _____ Date _____

Student Packing List

5-Day Session

(Warm Weather May – Sept.)

Water bottle
4 pairs of underwear
6 pairs of socks
3 pairs of long pants
2 pairs of tennis shoes
(No Uggs, converse, or similar shoes)
6 t-shirts & 2 long sleeve shirts
2 sweatshirts & 1 jacket
1 towel and face cloth
2 pairs of pajamas
1 pair of slippers
Sleeping bag & Pillow
Toiletries & Lip balm
Day Pack – small backpack
Sunscreen (no aerosol bottles)
Insect repellent (no aerosol cans)
Pens, paper, and pencils
Sunglasses
Flashlight
Money for Camp Store (optional)

3-Day Session

(Warm Weather May – Sept.)

Water bottle
2 pairs of underwear
3 pairs of socks
2 pairs of long pants
2 pairs of tennis shoes
(No Uggs, converse, or similar shoes)
3 t-shirts & 1 long sleeve shirts
1 sweatshirt & 1 jacket
1 towel and face cloth
2 pairs of pajamas
1 pair of slippers
Sleeping bag & Pillow
Toiletries & Lip balm
Day Pack – small backpack
Sunscreen (no aerosol bottles)
Insect repellent (no aerosol cans)
Pens, paper, and pencils
Sunglasses
Flashlight
Money for Camp Store (optional)

5-Day Session

(Cold Weather October – April*)

All above items +

Hat & gloves
Rain/Snow Jacket
Wool Socks + extra socks
Snow Boots
Long Underwear
Rain/Snow Pants

3-Day Session

(Cold Weather October – April*)

All above items +

Hat & gloves
Rain/Snow Jacket
Wool Socks + extra socks
Snow Boots
Long Underwear
Rain/Snow Pant

Unnecessary Items

To avoid the loss of valuable items, we strongly suggest that the following items remain at home: cell phones, video games, computers, portable music devices, and other expensive electronics. Cell phones are not permitted at Pali as reception is almost non-existent and we find it distracts from the learning environment. **We cannot guarantee any of these items' safekeeping and will not replace them if lost.** Pali has an open door policy, meaning we have no locks on any of our doors. Please do not pack aerosol cans or any flammable items. Any food, candy, and electronic devices will be collected upon arrival, as we do not allow these items in the cabins. We have found that students do not need more items than what is listed on the packing list.

***During our cold weather months there is a good chance of rain, snow, or both.** Located at 6,400 feet above sea level, Pali experiences colder weather and more intense sun radiation than its surrounding areas. We can get snowstorms as early as October and as late as mid April. Even when our days are warm and sunny, our evenings are guaranteed to be chilly if not cold. Because your child will be spending most their time outdoors, please help them pack the appropriate layers indicated on the packing list. A warm student is a happy student! Even during the coldest of weather, we experience stronger UV rays at our elevation and recommend sunscreen and sunglasses year around.