



Medical History & Information Review at the High Mountain Institute:

The High Mountain Institute (HMI) collects and reviews the student's medical information to endeavor to provide more successful experiences. Information provided here does not necessarily exclude participation. HMI needs accurate information to assist in understanding any medical or health concerns or issues, and in its effort to manage the risks faced by our students. HMI is an equal opportunity organization that strives to accommodate most medical conditions. HMI's programs vary greatly in environmental conditions, physical difficulty, and access to professional medical care. Please review this form, the HMI Acknowledgment and Assumption of Risks & Release and Indemnity Agreement and specific program information regarding program details, activities and associated risks and your responsibilities. You may contact us if you or your physician have any questions about your (or your participating child's) ability to participate. HMI treats all personal medical information with some degree of confidentiality. Enrolled student medical information is shared with the faculty, apprentices and adjunct faculty who oversee the students on campus and in the field for a particular program, and with HMI's consulting health care providers. In addition to HMI's review and consideration of the student's medical information, all students must have a physical completed within 12 months of the start date of their HMI program as part of the final acceptance into any program.

About Who Should Attend High Mountain Institute Programs:

HMI programs are for motivated, energetic, and fundamentally healthy students. HMI does not provide specific programs for students to resolve or work through ongoing behavioral, emotional, or psychological problems, specifically if those challenges interfere with a student's ability to function successfully in a high demand group setting. For example, HMI cannot provide appropriate support for students attempting to quit tobacco use, drug use, or alcohol use, or to recover from substance abuse problems. While mental health challenges such as depression and anxiety are not uncommon, it is important that students who may struggle with these issues have been active in their treatment, have developed significant self-awareness around interpersonal challenges as well as an appropriate and successful plan to deal with these challenges and have been able to successfully maintain stability with symptoms. **Please note that even if a student is accepted on an HMI program, the student and parent/s, in conjunction with their physician, should consider whether HMI activities are an appropriate match for the student.**

Participation in Activities at the High Mountain Institute:

"Where Nature and Minds Meet" is a motto we take seriously at HMI. All students can expect to be vigorously challenged in mental, physical, and social activities. Please review the list below and carefully consider if the student has the ability to participate fully. You should be aware that "average" students in "average" physical and mental condition have consistently been able to complete these activities without limitations. Please note that not all programs include all of the activities listed. For example, summer students will not be living in a snow shelter. Also note that this list is not exclusive, but is representative of some of the general activities in which students will engage in. Please explain any conditions or limitations in detail below.

Activities:

Typical/common activities required of all students for full participation in most HMI programs may include:

- Hike or ski 3-9 miles carrying 35-45% of body weight
- Hike, climb and ski up and down steep terrain
- Repetitive and sustained use of arms and legs, including walking, hiking, running, skiing, carrying, lifting
- Perform manual labor – shoveling snow, splitting firewood, daily chores, and other manual labor
- Live and travel in rugged terrain
- Live, travel, work and study in temperatures from -20° to +85° F
- Live, travel, work and study at altitudes from 5,000 to 14,435 feet above sea level
- Live under tarps, in snow shelters, and in cabins with wood stoves for the duration of the program
- Live and travel in remote settings 4-48 hours from advanced medical care
- Engage in intellectually rigorous, age-appropriate academic classes, homework, and other studies



- Participate in activities that require students to pay attention and concentrate (including careful attention to detail) for extended periods
- Participate in stressful and emotionally intense wilderness, residential life and academic experiences
- Cook meals in the wilderness and in a commercial kitchen for self and others
- Follow guidelines and rules, frequently independent of direct supervision
- Communicate effectively with, and respond to others, including in regard to hazards/risks in an outdoor or wilderness environment
- Swimming, wading, immersion in cold water (river crossings, etc.)
- Participate in morning exercises, including running, walking, and field games
- Be alone for reflective time in a wilderness setting for 2-36 hours
- Give and receive constructive feedback while remaining positive and solution oriented
- Participate fully in an intimate and intense small community environment, and as a member of a team



Instructions for Completing Medical Forms:

If the student is an adult (18 yrs. of age or older), he/she/they must complete and sign the General Medical History and Information and any associated forms (hereafter “form” or “form/s”). If the student is a minor (those under 18 yrs. of age), one of the student’s parents or guardians, or both (collectively referred to in this form as “parent/s”), if available, must complete and sign. Parent/s are encouraged to complete these form/s with the student, whether adult or minor.

Be Honest: HMI wants students to participate and we strive to accommodate medical conditions. It is in everyone’s best interest to disclose medical information upfront so HMI obtains accurate information and understands the student’s medical or health issues.

Be Thorough: Fill out the medical forms completely. Incomplete or blank answers will require HMI to contact you and may delay the enrollment process.

Failure to provide honest and thorough information on any pre-existing physical and/or mental health issues or medication may result in termination of the student’s participation in the HMI program. Please see the reverse side for information on how to submit completed forms and whom to contact at HMI with questions about the medical forms.

Note: In certain cases, HMI may require the student to obtain an additional physical or consultation from his/her/their doctor before participating in the program, and provide HMI with appropriate documentation. HMI staff will review medical forms and contact the adult student or parent/s when questions arise.

How to Reach Out With Questions:

For HMI Semester:

719-486-8200 x106
registrar@hminet.org

For HMI Summer Programs:

719-486-8200 x107
summerdirector@hminet.org

For HMI Gap:

719-486-8200 x103
gap@hminet.org



Student Name:

HMI Program:

Student's Date of Birth:

Student's Gender:

Student's Age:

Today's Date:

Parent/Guardian Contact Information:

Name:

Day Phone:

Evening Phone:

Email:

Cell Phone:

Parent/Guardian Contact Information:

Name:

Day Phone:

Evening Phone:

Email:

Cell Phone:





NOTE: Complete and accurate information is crucial to our ability to appropriately support potential students.

GENERAL HEALTH QUESTIONS: Please carefully read each question and respond to each item (YES, NO or N/A – not applicable) regarding any **past or current** medical issues or concerns regarding the condition/illness/area listed. Include current, chronic and episodic condition/s.

Please Select Yes, No, or N/A to each item	Yes	No	N/A
Addiction and/or regular use of tobacco, alcohol, or drugs * CALL			
Altitude: Acute Mountain Sickness (AMS)			
High Altitude Cerebral Edema (HACE) * CALL			
High Altitude Pulmonary Edema (HAPE) * CALL			
Asperger's, Autism or PDD			
Bleeding, Blood Disorders, Tuberculosis, Hepatitis			
Cancer			
Cardiovascular (heart and vessels) Abnormalities or Problems, including high blood pressure			
Circulatory Problems			
Cold Injuries			
Dental Problems/Issues			
Diabetes * CALL			
Eye, Nose & Throat Infections/Issues/Problems			
Eating Disorder (anorexia, bulimia, etc.)			
Epilepsy or Other Seizure Disorders * CALL			
Fainting or Dizziness, chronic			
Gastrointestinal Tract, Ulcers			
Head Injuries, Concussions, Headaches			
Heat Injuries/Illness			
Hormonal &/or Thyroid			
Hypertension			
Learning Disorder			
Kidney or Liver Disease or Issues			
Menstrual Cramps			
Neurological Disorders			
Pregnancy, current * CALL			
Reproductive Tract			
Respiratory Tract, including Asthma			
Skin Problems/Issues			
Sleepwalking			
Sudden death under age 50 of family member * CALL			
Syncope with exertion (fainting during exercise) * CALL			
Urinary Tract			
Vision or hearing issues or impairment			
Other, including hospitalization in last 5 years (explain)			

Call HMI immediately regarding any "YES" answer items with "* CALL" noted.





For each "Yes" response above, please answer the following questions:

"Yes" Response #1

Diagnosis or description of condition:

When was this diagnosed?

How has this condition been treated?

Has the student ever seen a specialist for this condition?

Does the student currently experience any symptoms?

IF so, how does the student currently manage this condition?

Does the student currently have any limitations in activity?

"Yes" Response #2

Diagnosis or description of condition:

When was this diagnosed?

How has this condition been treated?

Has the student ever seen a specialist for this condition?





Does the student currently experience any symptoms?

IF so, how does the student currently manage this condition?

Does the student currently have any limitations in activity?

"Yes" Response #3

Diagnosis or description of condition:

When was this diagnosed?

How has this condition been treated?

Has the student ever seen a specialist for this condition?

Does the student currently experience any symptoms?

IF so, how does the student currently manage this condition?

Does the student currently have any limitations in activity?





"Yes" Response #4

Diagnosis or description of condition:

When was this diagnosed?

How has this condition been treated?

Has the student ever seen a specialist for this condition?

Does the student currently experience any symptoms?

IF so, how does the student currently manage this condition?

Does the student currently have any limitations in activity?

"Yes" Response #5

Diagnosis or description of condition:

When was this diagnosed?

How has this condition been treated?

Has the student ever seen a specialist for this condition?





Does the student currently experience any symptoms?

IF so, how does the student currently manage this condition?

Does the student currently have any limitations in activity?

***IMPORTANT - Additional Medical History & Information Forms**

Attached are a series of additional forms, briefly described below. Please answer “YES” or “NO” to the questions regarding application of the form/s to you/your child. If you answer “YES” to any of these questions, you must complete the corresponding form/s. As above, in completing the form/s, please refer appropriately to any **past or current medical or health issues or concerns regarding the condition/illness/area. Include current, chronic and/or episodic condition/s.**

Introduction to Additional Forms:

ALLERGY and/or DIETARY RESTRICTIONS Form

Any student with any known allergies of any type or any students with dietary restrictions (medical, religious, or ethical) must complete this form.

ADD/ADHD Form

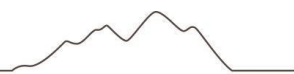
Any student with a past or current history of Attention Deficit Disorder and/or Attention Deficit and Hyperactivity Disorder must complete this form.

MEDICATIONS Form

Any student who will be taking any medications while attending an HMI program (a separate form must be completed for each medication). This includes prescriptions (like EpiPens and inhalers), over-the-counter medications, daily supplements, herbal remedies, and any other medications the student will be bringing to HMI.

MENTAL HEALTH/ILLNESS Form

Anxiety disorders, depression, past history of suicide attempt or ideation, past addiction to alcohol or drugs, self-abuse, or any other mental health issues.





ORTHOPEDIC Form

Any student with a non-resolved and/or ongoing orthopedic type injury of any type or, any student with a history of serious orthopedic injury must complete this form.





ALLERGY and/or DIETARY RESTRICTIONS Form:

Does the HMI student have allergies (i.e. bee/insect stings, shellfish, iodine, nuts, dairy, other foods, pollen, medications, and any other known allergies) and/or dietary restrictions (medical, religious, or ethical, etc.)? If "Yes," please complete the questionnaire below.

YES NO

When we have the proper information we can accommodate many allergies. Responding as thoroughly as possible will help us!

Allergy #1:

Allergy/Allergen:

Alternative/related/other names:

When diagnosed with this allergy:

How diagnosed to this allergen:

Symptoms during an allergic reaction (what happens?):

During a reaction: face swelling and/or difficulty breathing (anaphylactic reaction)? YES NO

Does the student take any medication for this allergy? YES NO

(If YES be sure to complete the medications information form)

Has the student ever been hospitalized for this particular allergy? YES NO

(If YES, explain in detail in Additional Information)

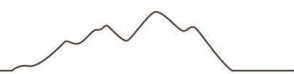
Is the student on an allergy desensitization program? YES NO

(If YES, will this require treatments while at HMI and please explain in Additional Information)

Does the student have and carry epinephrine for this allergy? YES NO

(If YES, the student must bring two delivery devices to HMI)

Additional Information:





Allergy #2:

Allergy/Allergen:	Alternative/related/other names:
When diagnosed with this allergy:	
How diagnosed to this allergen:	
Symptoms during an allergic reaction (what happens?):	
During a reaction: face swelling and/or difficulty breathing (anaphylactic reaction)? <input type="radio"/> YES <input type="radio"/> NO	
Does the student take any medication for this allergy? <input type="radio"/> YES <input type="radio"/> NO <i>(If YES be sure to complete the medications information form)</i>	
Has the student ever been hospitalized for this particular allergy? <input type="radio"/> YES <input type="radio"/> NO <i>(If YES, explain in detail in Additional Information)</i>	
Is the student on an allergy desensitization program? <input type="radio"/> YES <input type="radio"/> NO <i>(If YES, will this require treatments while at HMI and please explain in Additional Information)</i>	
Does the student have and carry epinephrine for this allergy? <input type="radio"/> YES <input type="radio"/> NO <i>(If YES, the student must bring two delivery devices to HMI)</i>	
Additional Information:	

Dietary Restrictions:

To assist us in planning expedition rations and on-campus meals, please describe any medical, religious, or ethical dietary restrictions or special needs. **If the dietary restriction involves a food allergy, please be sure to answer the questions above.**





ADD/ADHD Form:

Has the HMI student been diagnosed with ADD/ADHD? If "Yes," please complete the questionnaire below.

YES NO

We ask a series of questions of any student who has this condition because we can accommodate most cases of ADD/ADHD when we have the proper information. Responding as thoroughly as possible will help us!

Does the student have:

Attention Deficit Disorder (ADD)

Attention Deficit Hyperactivity Disorder (ADHD)

Both ADD & ADHD

When was the ADD and/or ADHD diagnosed:

What behaviors led to the diagnosis:

During the last two years, has the student taken any medications for ADD/ADHD? YES NO

Is he/she/they currently taking any medications for ADD/ADHD? YES NO

(If YES, please complete the Medications Form)

What happens if the student misses a dose?

Under the current treatment, how does the student's ADD/ADHD manifest itself?

Does the ADD/ADHD interfere with school or work? YES NO If so, how?

What, if any, are the prescribed accommodations for academic type school work? Homework? Testing?

For HMI Summer Term, does the student normally take the medication or plan to take the medication during the summer at HMI?

Treating Counselor/Therapist/ Physician's Name:

Treating Counselor/Therapist/ Physician's Phone:

Additional Information:





MEDICATIONS Form:

Is the HMI student currently taking any prescription medications, over-the-counter medications, dietary supplements, herbal remedies, or other types of medication? If "Yes," please complete the questionnaire below.

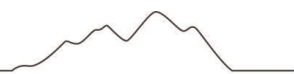
YES NO

As a way to better serve the needs of all HMI students, we ask, that in consultation with your family physician (or the physician who prescribed the medication), you please complete the following questionnaire regarding the student's medications (taken for current, chronic or episodic condition/s) and return it to us. This questionnaire will be kept on file with the student's other medical information and be used as a resource for the HMI faculty and staff. If the student is taking more than one medication, please complete a separate box below for each medication. Please complete the following information for EACH medication the student will be bringing to HMI including prescriptions, over-the-counter medications, dietary supplements, herbal remedies, etc.

Medication #1:

Medication Brand Name:	Medication Generic/Chemical Name:
Reason for taking this medication:	
Start Date using this medication:	End Date (if known):
Regular Dose:	Frequency & Time of Dose(s):
Triggers (signs & symptoms) for dosing, if applicable (e.g. onset of shortness of breath):	
This medication should be taken: with food with water on an empty stomach other:	
Common Side Effects:	
Uncommon Side Effects:	
Harmful interactions (i.e. don't give with ibuprofen):	
Indications or contraindications for use regarding: intensive sun exposure, altitude (5-14,000 ft.), rigorous exercise, cold exposure, heat exposure?	
Missed dose procedure:	
Skip dose Take immediately Double dose at next scheduled time Call physician Other:	

What happens if the student misses a dose?





Prescribing Physician's Name:

Prescribing Physician's Phone:

Will the student come to HMI with sufficient supplies for the duration of their program? YES NO

If, NO, please elaborate on the plan to refill the prescription:

Are there any medication/s that the student is currently taking that they will not be taking during the HMI program?

If so, please describe, noting the reason for medication termination.

Additional Information:

Medication #2:

Medication Brand Name:

Medication Generic/Chemical Name:

Reason for taking this medication:

Start Date using this medication:

End Date (if known):

Regular Dose:

Frequency & Time of Dose(s):

Triggers (signs & symptoms) for dosing, if applicable (e.g. onset of shortness of breath):

This medication should be taken: with food with water on an empty stomach other:

Common Side Effects:

Uncommon Side Effects:

Harmful interactions (i.e. don't give with ibuprofen):





Indications or contraindications for use regarding: intensive sun exposure, altitude (5-14,000 ft.), rigorous exercise, cold exposure, heat exposure?

Missed dose procedure:

Skip dose Take immediately Double dose at next scheduled time Call physician Other:

What happens if the student misses a dose?

Prescribing Physician's Name:

Prescribing Physician's Phone:

Will the student come to HMI with sufficient supplies for the duration of their program? YES NO

If, NO, please elaborate on the plan to refill the prescription:

Are there any medication/s that the student is currently taking that they will not be taking during the HMI program?

If so, please describe, noting the reason for medication termination.

Additional Information:

Medication #3:

Medication Brand Name:

Medication Generic/Chemical Name:

Reason for taking this medication:

Start Date using this medication:

End Date (if known):

Regular Dose:

Frequency & Time of Dose(s):

Triggers (signs & symptoms) for dosing, if applicable (e.g. onset of shortness of breath):





This medication should be taken: with food with water on an empty stomach other:

Common Side Effects:

Uncommon Side Effects:

Harmful interactions (i.e. don't give with ibuprofen):

Indications or contraindications for use regarding: intensive sun exposure, altitude (5-14,000 ft.), rigorous exercise, cold exposure, heat exposure?

Missed dose procedure:

 Skip dose Take immediately Double dose at next scheduled time Call physician Other:

What happens if the student misses a dose?

Prescribing Physician's Name:

Prescribing Physician's Phone:

Will the student come to HMI with sufficient supplies for the duration of their program? YES NO

If, NO, please elaborate on the plan to refill the prescription:

Are there any medication/s that the student is currently taking that they will not be taking during the HMI program?

If so, please describe, noting the reason for medication termination.

Additional Information:

Medication #4:

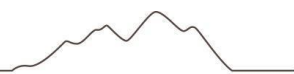
Medication Brand Name:

Medication Generic/Chemical Name:

Reason for taking this medication:

Start Date using this medication:

End Date (if known):





Regular Dose:

Frequency & Time of Dose(s):

Triggers (signs & symptoms) for dosing, if applicable (e.g. onset of shortness of breath):

This medication should be taken: with food with water on an empty stomach other:

Common Side Effects:

Uncommon Side Effects:

Harmful interactions (i.e. don't give with ibuprofen) :

Indications or contraindications for use regarding: intensive sun exposure, altitude (5-14,000 ft.) , rigorous exercise, cold exposure, heat exposure?

Missed dose procedure:

 Skip dose Take immediately Double dose at next scheduled time Call physician Other:

What happens if the student misses a dose?

Prescribing Physician's Name:

Prescribing Physician's Phone:

Will the student come to HMI with sufficient supplies for the duration of their program? YES NO

If, NO, please elaborate on the plan to refill the prescription:

Are there any medication/s that the student is currently taking that they will not be taking during the HMI program?

If so, please describe, noting the reason for medication termination.

Additional Information:





Medication #5:

Medication Brand Name:

Medication Generic/Chemical Name:

Reason for taking this medication:

Start Date using this medication:

End Date (if known):

Regular Dose:

Frequency & Time of Dose(s):

Triggers (signs & symptoms) for dosing, if applicable (e.g. onset of shortness of breath):

This medication should be taken: with food with water on an empty stomach other:

Common Side Effects:

Uncommon Side Effects:

Harmful interactions (i.e. don't give with ibuprofen) :

Indications or contraindications for use regarding: intensive sun exposure, altitude (5-14,000 ft.) , rigorous exercise, cold exposure, heat exposure?

Missed dose procedure:

Skip dose Take immediately Double dose at next scheduled time Call physician Other:

What happens if the student misses a dose?

Prescribing Physician's Name:

Prescribing Physician's Phone:

Will the student come to HMI with sufficient supplies for the duration of their program? YES NO

If, NO, please elaborate on the plan to refill the prescription:

Are there any medication/s that the student is currently taking that they will not be taking during the HMI program?

If so, please describe, noting the reason for medication termination.

Additional Information:



[Empty rectangular box for student information]

MENTAL HEALTH Form:

Has the HMI student been diagnosed with, or experienced anxiety disorders, depression, history of suicide attempt or ideation, past or current addiction to alcohol or drugs, self-abuse, eating disorders, or any other mental health issues? If "Yes," please complete the questionnaire below.

YES NO

We ask a series of questions of any student who has a history of mental health issues because we can accommodate many issues when we have the proper information. Responding as thoroughly as possible will help us!

Does the HMI Student have:

Depression

Anxiety Disorder

Addiction

Suicide Attempt or Suicidal Ideation

Cutting or other Self Abuse

Eating Disorder

Other (explain):

When did symptoms first occur:

When was the above diagnosed:

What were the symptoms and/or behaviors:

Has the student seen a counselor or therapist in the last two years? YES NO

Is the student currently seeing a counselor or therapist? YES NO

Counselor/Therapist Name:

Counselor/Therapist Phone:

Under current treatment, how does the student's mental health issue manifest itself?

Does the mental health issue interfere with school and/or social interactions? YES NO If so, how?

Has the student ever had suicidal ideations or attempted suicide? YES NO If, YES, when?





During the last two years, has the student taken any medications for mental health issues? YES NO

Is the student currently taking any medications for mental health issues? YES NO

(If YES, please complete the medications information form)

For stress related issues and/or mental health issues exacerbated by stress: Making new friends & learning to function in a group can be stressful. With that in mind: What triggers stress for the student?

What can we do at HMI to help minimize stressful situation which may arise during the program?

Has the student ever been hospitalized for psychiatric illness? YES NO

(If yes, please explain when, for how long, and why. Be specific.)

Additional Information:





ORTHOPEDIC Form:

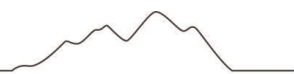
Does the HMI student have a history of orthopedic injuries, including shoulder, arm, elbow, hand, neck, back, hips, leg, knee, ankle, or foot injuries, recurrent sprains of particular muscles, recurrent sprains of particular joints, hernia, other musculoskeletal issues, or other athletic or orthopedic injuries? If "Yes," please complete the questionnaire below.

YES NO

We ask a series of questions of any student who has a past injury because we can accommodate many injuries when we have the proper information. Responding as thoroughly as possible will help us!

Injury #1:

Injury:	Date of Injury:
How was the injury treated?	
Did the student have physical therapy? <input type="radio"/> YES <input type="radio"/> NO If, YES, for how long and when:	
Does the student still have pain as a result of this injury? <input type="radio"/> YES <input type="radio"/> NO If YES, what causes the pain and for how long?	
Does the student still have loss of function or disability as a result of this injury? <input type="radio"/> YES <input type="radio"/> NO If YES, describe the disability, be specific.	
Which description best describes the student's current condition: no longer a concern stable improving worsening	
Since this injury, has the student played sports, carried a backpack, run or hiked for regular intervals? Be specific.	
Is the student currently taking any medications for the above injury? <input type="radio"/> YES <input type="radio"/> NO <i>(If YES, please complete the medications information form)</i>	
Do you anticipate the student being limited in his/her/their ability to participate in a physically demanding program? <input type="radio"/> YES <input type="radio"/> NO If "YES", for what activities, and for how long?	





If the injury occurred recently (within the last 6 months) or is persistent, please have the treating physician acknowledge that participation in an HMI program will not cause further damage or harm – have the treating physician review the activities on page 4 and note this on the medical form

Injury #2:

Injury:

Date of Injury:

How was the injury treated?

Did the student have physical therapy? YES NO If, YES, for how long and when:

Does the student still have pain as a result of this injury? YES NO If YES, what causes the pain and for how long?

Does the student still have loss of function or disability as a result of this injury? YES NO If YES, describe the disability, be specific.

Which description best describes the student's current condition:
no longer a concern stable improving worsening

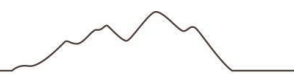
Since this injury, has the student played sports, carried a backpack, run or hiked for regular intervals? Be specific.

Is the student currently taking any medications for the above injury? YES NO

(If YES, please complete the medications information form)

Do you anticipate the student being limited in his/her/their ability to participate in a physically demanding program?
 YES NO If "YES", for what activities, and for how long?

If the injury occurred recently (within the last 6 months) or is persistent, please have the treating physician acknowledge that participation in an HMI program will not cause further damage or harm – have the treating physician review the activities on page 4 and note this on the medical form





In addition, please note that all students ***must have a physical completed within 12 months of the start date of their HMI program.*** You may use the form provided by HMI (available online [here](#)) or the one provided by your health care provider.

If at any time you require more space on the document to provide us with full details, please email to let us know (please see page 2 for the relevant contact information).

Is there any additional information about the student that HMI should be aware of?





SIGNATURE REQUIRED FOR ACKNOWLEDGEMENT/AGREEMENT AND MEDICATION AUTHORIZATION

If the student is a minor (under 18 years of age), the student's parents/guardians must sign below.

If the student is an adult (18 years of age or older), the student must sign below.

ACKNOWLEDGEMENT/AGREEMENT:

To the best of my knowledge, this medical form and any supplemental medical information I or my health care provider/s submit (any supplemental information incorporated by this reference) contains accurate information. I understand the nature of HMI activities, and acknowledge that I can contact HMI should I have any questions about these activities or the associated physical, mental or emotional demands or other concerns. Other than any limitations described in this form (or in any supplemental information), the student agrees, and has permission from his/her/their parent/s if the student is a minor, to participate in all HMI activities. I agree to contact HMI if any medical or health condition changes before the start of the HMI program. I understand that providing inaccurate medical or health information or falsifying medical or health information can create serious risks to the student or others, and/or can result in the student's dismissal from the program. I understand the student's final acceptance and participation in the program is contingent upon HMI representatives' review of all forms, including this one. I understand that although HMI will review this information and may allow participation, HMI cannot anticipate or eliminate risks or complications posed by a student's mental, physical, or emotional condition. I understand that emergency, medical, drug and/or health issues, response, assessment or treatment are included within the scope of – and expressly subject to the terms of – the HMI Acknowledgment and Assumption or Risks & Release and Indemnity Agreement. Please review that Document carefully in regard to the activities, risks and your responsibilities.

I consent here to allow HMI staff or its consulting health care providers to contact and communicate with the student's health care provider/s listed in these forms about the student's health and medical condition or care.

HMI keeps and provides regular over-the-counter medications for minor illness (headaches, cramps, cold & flu, sore throat, etc.) and asks that students do not bring them. Signing this Acknowledgement/Agreement gives HMI permission to administer over-the-counter medications.

MEDICAL AUTHORIZATION:

I authorize HMI staff, representatives and/or other medical personnel to obtain or provide medical care for me/my child, to transport me/my child to a medical facility, and/or to provide treatment (including, but not limited to hospitalization, medications, injections, anesthesia, or surgery) they consider necessary for my/my child's health. I agree to the release (to or by HMI) of any records necessary for treatment, referral, billing, or insurance purposes. I agree that HMI has no responsibility for medical care provided to me/my child, and agree to pay all costs associated with this care, including but not limited to medical evacuation, travel, compensation and expenses for staff accompanying the student, medicine and treatment. This form may be photocopied for use in the field.



I understand that my signature is valid and legally binding whether I choose to electronically sign, or manually sign a printable version of this form.

Print Participant Name

Participant Signature (if 18 or over)

Date

Print 1st Parent/Guardian Name

1st Parent/Guardian Signature

Date

Print 2nd Parent/Guardian Name

2nd Parent/Guardian Signature

Date

