

Star Island Minor Medical Release Form

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|----------------------------|------|---------|--|--|
| Minor's Name: | | | | |
| Activity/Conference: | | | Dates of Activity: ___/___/___ - ___/___/___ | |
| Date of Birth: | Sex: | Height: | Weight: | Glasses or Contacts? <input type="checkbox"/> No <input type="checkbox"/> Yes (please circle above) |
| Address: | | | | |
| Parent/Guardian's Name(s): | | | | |
| Home Phone: | | | Work Phone: | |
| Another Emergency Contact: | | | Relationship: | |
| Home Phone: | | | Work Phone: | |
| Family Doctor: | | | Phone: | |

MINOR INFORMATION

Please note that medical information you share is strictly confidential and shared only with the Star Island Corporation Management, Island Medical Staff, and Conference Leaders (when appropriate) *only*.

1. Medications: Please list every medication that will be sent with your child. Please check the expiration date before sending and keep medications in original dispensing containers. All medications must be given to the medical staff upon arrival to insure proper administration and adherence to the schedule unless you would like to designate another adult to do this. Minors may not keep any medications in their rooms, except when it is necessary to have immediate access to it, such as an inhaler. All *controlled medications* must be kept in a lockbox (available at the first aid station). The medical staff must be made aware of this type of arrangement. Also, please note if there is any discrepancy from the prescription label and information you are providing.

| Medication (Names) | Medication (Doses) | Times to Dispense | Reason for Taking |
|---------------------------------------|--------------------|-------------------|-------------------|
| | | | |
| | | | |
| | | | |
| Designated adult to hold medications: | | | |

2. The Island Medical Staff will dispense all medications to minors (unless another adult is designated). We can provide basic over-the-counter medicines (for headaches, upset stomach, sore throat, diarrhea, etc.) only with your permission. Do you give SIC permission to administer over-the-counter medications (such as pain relievers, antacids, cough syrup, etc.) to your child on an as needed basis? If permission is not granted, the medical staff may contact the parent/guardian for further instructions.

No Yes Signed: _____ Date: _____
(Name and Relationship to Child)

3. Date of last Tetanus Immunization: _____

4. Does the minor have any medical or emotional problems that we should be aware of? No Yes
 If "Yes," is the conferee in a treatment program? No Yes
 Please share any information that would be helpful to the Island Staff.

5. List all allergies, types of reactions and severity of reactions (to food, medications, insect bites, etc.).
Please do not leave this blank. If your child has no allergies, please write "NONE KNOWN."

6. Is there any reason the minor should not engage in the full program?

7. Is the minor traveling without parent/legal guardian? No Yes
If "Yes", provide the name of adult responsible while minor is on island and their relationship to the minor.
Responsible adult must be 25 years old or older.

Star Island is a small island in a remote location with access only by boat. Although there is a first aid station on the island, it is equipped for only basic emergency and first aid treatment. The first aid station may not be staffed at all times. In addition, the travel time to an off island medical facility is a minimum of an hour and may be much longer depending upon weather and sea conditions.

I give permission for the minor in my custody to participate in the activity described above and hereby waive, release and discharge any and all claims or rights to claims for damages for death, personal injury, or property damage which I may have or accrue to me as a result of said minor's participation in this activity. This release is intended to discharge in advance the Star Island Corporation and its employees from and against any and all liability arising out of or connected in any way with said minor's participation in the above mentioned activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. I hereby agree to release and hold harmless all of the persons or entities mentioned above whom, through negligence or carelessness might otherwise be liable to me, or my heirs or assigns for damages. It is further understood and agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assigns.

I agree to accept and abide by the rules of the Star Island Corporation.

Signed: _____ Date: _____
 Parent Guardian

TREATMENT PERMISSION

In the event of a medical emergency, I (we), _____ parent/guardian of _____, grant permission to Star Island Corporation, the Rye Fire Department, the Portsmouth Fire Department or the United States Coast Guard to transport my child; and I (we) grant permission that any doctor, clinic, or hospital chosen by SIC, RFD, PFD, or USCG can perform emergency treatment as deemed necessary for my child.

Signed: _____ Date: _____
 Parent Guardian

REQUIRED PAPERWORK

make a copy of BOTH SIDES of your child's insurance card and include it with this form. Your child will not be admitted to the island without BOTH this photocopied insurance information AND this completed Minor Medical Release Form.

Send completed forms to:
Island Registrar, Star Island
30 Middle Street, Portsmouth, NH 03801
Email: registrar@starisland.org | Fax: 603.430.6270