



ALLERGY:

\_\_\_\_\_  
\_\_\_\_\_

MEDICAL CONDITION:

\_\_\_\_\_

**HEALTH, EMERGENCY, ACTIVITY, AND TRIP (HEAT) CONSENT FORM  
PINE COBBLE SCHOOL CAMP**

To help us protect your child in the event of an emergency, please return this required form each year **before the start of camp.**

Student's Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Parent 1 Name \_\_\_\_\_

Parent 1 Address \_\_\_\_\_

Parent 2 Name \_\_\_\_\_

Parent 2 Address \_\_\_\_\_

**PARENT E-MAIL**

Please provide us your e-mail address so that you can be kept informed electronically about Pine Cobble School summer camp, events and activities.

Parent 1 E-mail(s) \_\_\_\_\_

Parent 2 E-mail(s) \_\_\_\_\_

**IN CASE OF EMERGENCY, PLEASE NOTIFY (Order listed will be order called):**

Parent 1 \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Parent 2 \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

To be notified if above cannot be reached: \_\_\_\_\_

Relation to student \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

**UNIVERSAL HEALTH FORM**

**Please send in your child's current universal health form (with immunization records) or have your physician fax the form to 413-458-8174. YOUR CHILD MAY NOT START CAMP WITHOUT A CURRENT FORM ON FILE.**

Pine Cobble School does NOT conduct health examinations as the state requires for all public school students. It is, therefore, recommended that parents consult with their health care providers to ensure that these exams are carried out for their children.

Student's Full Name

Date of Birth

**ACTIVITY AND TRIP CONSENT**

Unless written notice to the contrary is received in advance, \_\_\_\_\_  
STUDENT'S FULL NAME

shall be deemed to have my permission to take part in any and all activities on or off the campus and to ride in vehicles driven by Pine Cobble School faculty/staff members, or in buses chartered by the school.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

**IMAGE AND HOLD HARMLESS CONSENT**

I authorize the School to use any and all images or works of or by the Student, including, without limitation, photographs, statements, articles, music, art, fictional or non-fictional works, images, film, or videotape to promote or describe including through electronic media the educational experience and opportunities at the School.

The undersigned jointly and individually agree to release and hold harmless the School, its trustees, employees, and agents from all claims, damages, or other liabilities for injuries to the Student that are not the result of gross negligence by the School, its trustees, employees or agents. The undersigned also agree to indemnify the School for property damage caused by the Student.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

**PERMISSION FOR TREATMENT/MEDICAL DISCUSSION**

A reasonable effort is made to contact and inform the parent(s) or guardian(s) in case an emergency medical, dental, and/or psychological treatment and/or hospitalization is deemed necessary for the student. On some occasions, the parent(s) or guardian(s) cannot be reached. Accordingly, parent(s) or the guardian(s) are requested to sign the following:

I give my permission for the staff to remove my child, \_\_\_\_\_,  
STUDENT'S FULL NAME

from the school in the event of a medical emergency. I hereby grant permission to Pine Cobble School to seek medical attention for my child in the event such treatment is deemed reasonably necessary or advisable and I cannot be timely contacted. I also give my permission for my child to be transported by ambulance or car to an emergency center for treatment. I further consent to medical, dental, surgical and hospital care, treatment and procedures to be performed for my child by licensed health care personnel to safeguard my child's health.

I also give permission for Pine Cobble School to disclose and discuss my child's relevant medical condition/history with any medical professionals (such as ambulance personnel) engaged in treating my child in an emergency situation.

I also give permission for Pine Cobble School to disclose and discuss my child's relevant medical condition/history with faculty and staff to the extent Pine Cobble determines it is reasonably necessary or advisable.

In addition, during the school years in which my child attends Pine Cobble School, I hereby acknowledge an awareness that participation in all sports, activities, and events involves a risk of injury, which may rarely include severe injuries possibly involving paralysis, permanent mental disability or death, and that these injuries may occur in some instances as the result of unavoidable accidents. I accept these risks in giving consent to participation by my child in all sports, activities, and events during the year.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

**STUDENT'S PHYSICIAN**

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Student's Full Name

Date of Birth

**HEALTH INSURANCE**

Subscriber (Guardian) Name: \_\_\_\_\_

Certificate/Plan Number \_\_\_\_\_

Name of Insurance Plan \_\_\_\_\_

**MEDICATION & EMERGENCY MEDICAL RESPONSE POLICIES**

SCHOOL NURSE IS NOT PRESENT (ON CAMPUS) BEFORE, DURING, OR AFTER SCHOOL. Only a registered nurse can assess a student and give medications, except for EpiPen administration or self-administered inhaler, by Massachusetts law. Faculty and staff are certified in CPR and first aid.

**MEDICATION POLICY**

Pine Cobble School does not administer ANY over-the-counter or prescription medication to any student at any time except in the following instances: epinephrine auto-injections will be administered in life-threatening situations, and, when necessary, inhalers may be self-administered. If your child is in need of medication during the school day, you will need to make arrangements to personally dispense the medication to your child.

**EMERGENCY MEDICAL RESPONSE POLICY**

**ALLERGIC REACTION**

Examples of some of the symptoms include: difficulty breathing, shortness of breath, wheezing, difficulty swallowing, hives, itching, swelling of any body part.

Action Plan:

- 1) Assist child in using EpiPen if prescribed and available.
- 2) Call **911**.
- 3) Call parent of guardian after calling 911.

**ASTHMA**

Student has difficulty breathing, wheezing and shortness of breath.

Action Plan:

- 1) If student has inhaler, allow the student to use it. If no relief of symptoms in five minutes, call 911, then call parents.
- 2) If no inhaler available, call **911** immediately.
- 3) Call parent or guardian.

**SEIZURE**

Student has altered consciousness, involuntary muscle stiffness or jerking movements, drooling/foaming at the mouth, temporary halt in breathing, loss of bladder control.

Action Plan:

- 1) Protect student from falling or injuring themselves on anything - **DO NOT PUT ANYTHING IN THE STUDENT'S MOUTH.**
- 2) Call 911.
- 3) Call parent or guardian after calling 911.

I accept and understand Pine Cobble School's Medication & Emergency Medical Response Policies.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_