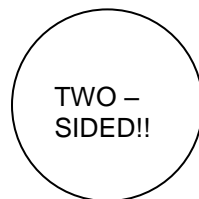




“Inspiring a Passion for Learning”



PARENT/GUARDIAN CONSENT

(Student Name-print) _____ has my permission to participate in the Salish Sea Expedition program aboard the S/V *Carlyn*.

In granting this permission, I recognize that I am agreeing to 1) accept general liability for my child’s participation in this program and 2) hold harmless Salish Sea Expeditions and Four Winds, Inc. (owner of vessel), their officers, directors, employees and volunteers from all claims, liability or lawsuits arising from my child’s misbehavior or disregard of regulations while participating on a Salish Sea Expedition. I am aware of the inherent dangers of sailing and water-related activities and hereby assume such risks.

I give my permission to use photographs of myself/my child in publications and websites that feature Salish Sea Expeditions, unless specifically agreed upon otherwise with an employee or representative of Salish Sea Expeditions.

I accept liability for transportation of my child via motor vehicle by Salish Sea Expeditions if necessary.

I recognize that as part of each program, Salish Sea Expeditions may ask my child to participate in the evaluation of the Salish program. This may include a short questionnaire, observation and informal discussions. I understand no student will be identified by name on reports as part of any program evaluation.

Date: _____ Signature of Parent/Guardian: _____

Print first/last name: Mr. Mrs. Ms. (circle one) _____

Student Signature: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell phone or pager: (____) _____ Preferred Phone: H W C

Mailing address: _____ City: _____ State: _____

Zip: _____

Parent/Guardian’s Email: _____

Print Clearly

Student Date of Birth: _____ Male _____ Female _____

(OVER)

Name of Student: _____

School Name: _____

MEDICAL & EMERGENCY CONTACT INFORMATION (confidential)

Please complete the checklist below. For all “yes” answers, please elaborate in the space below or on a separate piece of paper.

<i>Does your child currently have (or have a history of) any of the following:</i>	<u>Yes</u>	<u>No</u>
-asthma or any other respiratory problems?		
-diabetes?		
-allergic reactions to anything (e.g. food, medicines, bites or stings)?		
-epilepsy, fainting or dizziness, or seizures?		
-cardiac conditions (e.g. heart murmurs, irregular heartbeat)?		
-dietary restrictions (e.g. allergies, vegetarian, lactose intolerant)?		
-eating disorders (e.g. anorexia, bulimia)?		
-pregnancy?		
-neck/back/shoulder/knee/ankle/wrist/hand/arm problems?		
-any other medical conditions that we should be aware of?		

If you answered “yes” to any of the above, please elaborate here with reactions to allergies and medications. Be as specific as possible as we may need to provide this information to medical personnel in an emergency if we are not able to contact you. If your child will be taking medications during the program (prescribed or over the counter), please specify what and how often.

Medical Condition	Name of Medication	Dosage

Allergic Reaction Symptoms: (Be as specific as possible)

If the participant has any fear of the water, please indicate here: _____

In the event of an accident or emergency, your child will be transported to a medical facility. Every effort will be made to contact you. **In the event that we are unable to reach you, do you give medical personnel permission to begin treatment?** _____

Your child’s doctor: _____ Telephone#: _____

Insurance Carrier: _____ Policy #: _____

If we are unable to contact you in the event of an accident or emergency, please provide an additional emergency contact:

Name (Print) _____

Relation _____ Telephone _____