

## OVERLAND'S 2017 FINANCIAL AID PROGRAM

In 2016, Overland awarded nearly \$100,000 in financial aid. Awards range from 10% to 50% of the program fee (excluding transportation costs). All financial aid awards are dependent on the availability of space and funds. Awards are made on a rolling basis, starting in February and continuing through the spring. We award the majority of our financial aid for trips starting in Williamstown, Massachusetts. You are welcome to apply for a trip based outside of Williamstown, though aid for non-local trips is limited and awarded later (mid to late April).

When a financial aid award is offered and accepted, a non-refundable deposit of \$500 is due. We will then work together to create an acceptable payment plan for the final balance. Though we strive to meet the needs and interests of all families seeking financial aid, we cannot guarantee an offer. Your flexibility in trip placement will increase your chances of financial assistance.

### HOW TO APPLY FOR FINANCIAL AID

1. Complete this 2017 Overland Financial Aid Application.  
Please note: the \$795 deposit is **not** due with the application for financial aid applicants.
2. Submit all forms to our office by mail (Overland, Attn. Katie O'Brien, P.O. Box 31, Williamstown, MA 01267).  
For further information or inquiries, please call us at 413.458.9672 or email Katie O'Brien at [katie.obrien@overlandsummers.com](mailto:katie.obrien@overlandsummers.com).
3. Many applicants ask if they can expand on why they would like to join an Overland program—please feel free to attach any supporting documents.

### FINANCIAL INFORMATION

- What was your family's total Adjusted Gross Income for 2015? \$ \_\_\_\_\_
- Please attach a copy of the first page of your most recent tax return(s). If parents/guardians file separate returns, both must be included.
- What can your family reasonably contribute to an Overland program? \$ \_\_\_\_\_

### PLEASE SIGN BELOW

The information above, on the attached Overland Financial Aid Application and on the enclosed federal tax return(s) is to the best of my knowledge accurate and complete.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### OUR APPLICATION PROCESS

Please complete and submit the following forms at your earliest convenience, but no later than **April 1st**. The submission of these forms does not signify a confirmed spot. These are part of our enrollment materials required for every Overland student and will be reviewed along with your application. If you have any questions, please call us at 413.458.9672 or email Katie O'Brien at [katie.obrien@overlandsummers.com](mailto:katie.obrien@overlandsummers.com).

## 2017 APPLICATION

### PROGRAM CHOICE

Please note your top two trip choices. We will discuss with you any start date conflicts upon confirming your spot on the program.

1. FULL PROGRAM NAME \_\_\_\_\_ START DATE \_\_\_\_\_ END DATE \_\_\_\_\_

2. FULL PROGRAM NAME \_\_\_\_\_ START DATE \_\_\_\_\_ END DATE \_\_\_\_\_

### CAMPER INFORMATION

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PREFERRED NAME \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ GENDER \_\_\_\_\_

SCHOOL NAME \_\_\_\_\_ GRADE \_\_\_\_\_

### HOME ADDRESS

STREET \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTRY \_\_\_\_\_

### PARENT/GUARDIAN 1 (Preferred contact for all communications)

TITLE \_\_\_\_\_ FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

PREFERRED NAME \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

PRIMARY PHONE NUMBER \_\_\_\_\_ PHONE TYPE \_\_\_\_\_

SECONDARY PHONE NUMBER \_\_\_\_\_ PHONE TYPE \_\_\_\_\_

### PARENT/GUARDIAN 2

Should this person be included in all communications? YES / NO

TITLE \_\_\_\_\_ FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

PREFERRED NAME \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

PRIMARY PHONE NUMBER \_\_\_\_\_ PHONE TYPE \_\_\_\_\_

SECONDARY PHONE NUMBER \_\_\_\_\_ PHONE TYPE \_\_\_\_\_

### ADDITIONAL INFORMATION

Who does this camper live with? \_\_\_\_\_

Is the camper an Overland alumnus/alumna? YES / NO      Are any siblings Overland alumni/alumnae? YES / NO

Please list names and current grades of siblings \_\_\_\_\_

Is the camper traveling with a friend? YES / NO If so, what is their name? \_\_\_\_\_

**Please note:** We encourage students to come on their own. Traveling with one friend, however, is permitted (we do not accept groups of three). We allow no more than two friend pairs per group, and these slots are allotted on a first-come, first-served basis. We will not consider a request to travel with a friend until both applications and deposits are received.

## OVERLAND'S ADMISSION POLICY

### INTRODUCTION

Joining an Overland group is a two-step process. During the first step, Placement, we determine whether or not there is space available and, if so, tentatively hold a place for the camper pending the Admissions Review process. During the second step, Admissions Review, we carefully review each applicant's Admission Review Forms to determine whether or not he or she qualifies for admission in our sole judgment and discretion—it's important to note that admissions at Overland is selective, is based upon our thorough review of these forms, and, as a result, we are not open to the general public (instead, we work hard to make admissions decisions that are right for our applicants and for our programs). The following is a description of the process; please call us with any questions or concerns that you have—and thank you for your interest in Overland!

### STEP ONE: PLACEMENT

When we receive your child's application if the first choice is available, you will receive a phone call and an email containing a link to our Overland Portal where you will find our Admissions Review Forms and we will accept your deposit to hold your child's place in the program pending a favorable Admissions Review. If the first choice is not available, we will call you to confirm that the second choice is acceptable. If neither the first choice nor second choice is available, we will call you to discuss options. For those campers placed on our waitlist, we will notify you as soon as a spot becomes available.

Please note:

1. If the first choice is not available your credit card will not be charged until we notify you and confirm that you want the second choice; similarly, if you are placed on a waitlist your credit card will not be charged.
2. All placements are subject to our Admissions Review (see below).

### STEP TWO: ADMISSIONS REVIEW

Once your child's place on a trip has been held during Placement we will send you our Admissions Review Forms; these include: **1. Parent/Guardian Questionnaire** **2. Physician's Report** **3. School Reference.**

When we receive these completed forms back from you our Admissions Review begins. The goal of this review is to determine whether your child meets Overland's admission standards. We seek to admit campers who have demonstrated that they possess the personal qualities and experience necessary to succeed on an Overland trip. While Overland is always supportive and nurturing, an Overland program is unlike a traditional camp in that our small groups—12 campers and 2 leaders—travel, live and work as a group, making all of their own meals, helping each other and cooperating in ways big and small, and they do all of this far from home. As a result, every camper must be able to thrive in an environment that places equal emphasis on:

1. Teamwork & Shared Responsibilities.
2. Independence & Self-Reliance.
3. Support of Others & Consideration for Others.

Your completed Admissions Review Forms guide our review. We focus on three main areas:

1. Whether the applicant is developmentally and physically capable of succeeding in Overland's program.
2. Whether the applicant is socially and emotionally prepared for Overland's program.
3. Whether the applicant has a history of disciplinary or other issues that demonstrate a concern about whether or not the applicant would succeed in Overland's program.

As soon as we receive your Admissions Review Forms, we will begin the Admissions Review process. If our decision is to admit your child, we will send you an email confirming your child's admission. If we decide not to admit your child we will send you an email with our decision and we will make a full refund of any payments you have made to Overland.

## NON-DISCRIMINATION POLICY

Overland prohibits discrimination against and harassment of any employee or any applicant for employment, or any camper or any applicant to join one of our camps, because of race, color, national or ethnic origin, age, marital status, familial status, genetics, ancestry, religion, disability, sex, sexual orientation, gender identity and expression, veteran or military status, military service or any other characteristic protected under applicable federal or state law. All personnel responsible for hiring and promoting employees, for admitting and enrolling campers, for leading and supporting campers, and for developing and implementing camp programs or activities are charged to support this effort and to respond promptly and appropriately to any concerns brought to their attention. Individuals who feel they have been treated in a way that violates this policy and/or federal, state or local employment laws are encouraged to notify one of Overland's directors. Overland will not take any retaliatory action in response to an individual's complaints.

*I have read, understand, and agree to Overland's Admission Policy.*

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## OVERLAND'S MEALS POLICY

### MEALS: GENERAL INFORMATION

Good food (and plenty of it!), excellent nutrition and fun are the goals of Overland's meals. Each group buys, prepares and eats all of its meals together. Our campers, with their leaders' supervision, prepare all meals. At Overland, meals are a group experience, an important way to foster connection with and consideration for other group members.

### ALLERGIES & INTOLERANCES

We recognize there are many young people with food allergies or intolerances. We welcome these young people's interest in joining us, and we ask parents of a prospective Overland camper with an allergy/intolerance to please consider the following important information.

Most meals at Overland are prepared in basic kitchens (or outdoors), and groceries are typically purchased from small stores with limited choices. As a result, meals are prepared and served in what may be allergen-contaminated environments, and on many trips allergen-free/gluten-free foods are not readily available. While we cannot guarantee allergen-free meal settings, we will do what is reasonable to provide allergen-free/gluten-free foods on those trips where available.

In all things, our top priority is to help maintain all campers' well-being; to this end, all Overland leaders are trained to recognize and respond to allergic reactions, including administering antihistamines and epinephrine (both are carried in every trip's first aid kit); leaders carry cell phones, and in some cases, satellite phones, so that should the need arise, emergency personnel can be contacted and their services requested. It is important for all prospective parents to understand that many groups travel in remote areas where emergency services may not be easily or readily accessible.

### OUR ADMISSIONS PROCESS IS COLLABORATIVE

During our admissions process we will review all submitted Allergy Questionnaires to understand the applicant's allergy/intolerance (to preview the Allergy Questionnaire please [click here](#)). We will then consider whether or not the applicant's allergy/intolerance may be reasonably accommodated. If our admissions team has any concerns they will contact the parent. In this conversation we will seek to learn more about the allergy/intolerance; and we will discuss the available grocery stores, emergency services and medical facilities on the applied for trip. These conversations generally have one of three outcomes:

- The applicant is placed on the applied for trip if the applicant otherwise qualifies.
- We offer a different trip if the applicant otherwise qualifies.
- We recommend waiting a year and re-applying.

## MANAGING FOOD ALLERGIES/INTOLERANCES IS A PARTNERSHIP

Our commitment is to the health and well-being of each of our campers. Our goal is to partner with parents and campers—a partnership in which:

- We clearly describe our programs and policies;
- Parents clearly describe their child’s allergies or intolerances, and their child’s maturity level and capability to self-manage his or her allergy or intolerance.
- We work together with parents in a collaborative and interactive process to determine if there are reasonable accommodations that can be made so that otherwise qualified applicants can participate in our programs.
- Campers on a program take an active role in managing their allergies, including reading food labels as needed, eating only those foods with known ingredients, and seeking a leader if a reaction is suspected.

*I have read, understand, and agree to Overland’s Meals Policy.*

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## EXPECTATIONS, PHONES, ELECTRONICS & COMMUNICATION POLICIES

### EXPECTATIONS

Overland programs are wholesome, structured experiences with high expectations of each camper’s behavior. Our campers are expected to be enthusiastic, positive, helpful and supportive of each other and of their leaders; they are expected to have chosen an appropriate trip for their interests and abilities; they are expected to have prepared adequately so that they can keep up physically and participate in all of the group’s activities; they understand that smoking, using any tobacco product, drinking alcohol or using any drugs (other than prescribed medications) is strictly prohibited. We reserve the right to dismiss any camper for any reason whatsoever—including but not limited to: rule breaking, misbehaving or an inability to fully participate or to keep up physically. Campers who are dismissed receive no refund and all costs associated with the dismissal are the sole responsibility of the parents/guardians.

### PHONES

To maximize independence and self-reliance, we do not permit phone calls, emails or text messages to or from our campers (the exceptions to this are: your child will call home on arrival and departure with our phones and assistance, and in the case of an emergency). If your child brings a phone for use while en route to Overland, please do not bring an expensive smartphone; instead bring an inexpensive prepaid cell phone. All phones will be collected on arrival and returned at departure. While we will take reasonable steps to prevent damage, theft or loss to phones, we take no responsibility for phones and we will not make any reimbursements for lost, damaged or stolen phones.

### OTHER ELECTRONICS

Cameras are welcome but please do not bring any other electronics (e.g., iPods, iPads, Kindles or other readers, GPS or similar devices). All electronics (except cameras) will be mailed home on arrival (at your risk and expense).

### COMMUNICATION

We are committed to providing extraordinary support to you and your child; to that end, the Overland office is staffed from 8:30 a.m. to 8:30 p.m. seven days a week during the summer (outside of office hours our answering service provides emergency coverage). Our leaders in the field are in touch with our office regularly; they carry cell phones (and in some cases satellite phones). Any time a camper is treated for an injury or illness by a doctor or medical personnel, parents are notified by our office. A director calls the parents to explain the nature of the injury or illness, the sequence of events leading up to the injury and/or the steps leading to the treatment. Parents are typically able to speak with the medical personnel, with the leaders and with their child.

*I have read, understand, and agree to Overland’s Expectations, Phones, Electronics & Communication Policies.*

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## PAYMENTS AND REFUNDS POLICY

When a financial aid award is offered and accepted, a non-refundable deposit of \$500 is due. Full payment is due on an agreed upon date before the program begins. Please note:

- If your child's program choices are not available, we will not charge your deposit.
- We accept check or credit card for the deposit and final balance.
- If, upon our review of your child's Admissions Review Forms, the offer of a spot is withdrawn by Overland, a full refund of all payments to Overland will be made.
- If, at any point in the admissions process we determine that you have provided incomplete, misleading or false statements, we may withdraw the offer of admission and no refund of any payments to Overland will be made.
- If you withdraw your child after May 1st, there are no refunds for any reason whatsoever (including, but not limited to: voluntary withdrawal, illness or injury, summer school, security concerns or any other reason).
- If your child leaves a program after it starts, there are no refunds for any reason whatsoever, including, but not limited to: voluntary withdrawal, illness or injury, dismissal by Overland (due to discipline, behavior, lack of fitness or motivation, etc.), security concerns or any other reason. Any costs incurred by Overland related to an early departure are the sole responsibility of the parents.

*I have read, understand, and agree to Overland's Payments and Refunds Policy.*

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## SCHOOL REFERENCE

STUDENT'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_

### INSTRUCTIONS TO PARENTS

Please complete the top half of this form and give the form to a teacher at your child's school who knows your child in a group setting; please ensure that this person has access to your child's complete school record. Please ask him or her to complete the form and return it directly to Overland by **May 1st**.

### AUTHORIZATION TO RELEASE INFORMATION & WAIVER OF RIGHT TO ACCESS

I hereby authorize (insert name of school) \_\_\_\_\_ to disclose to Overland Summer Camps, Inc., the information requested below and, if requested by Overland, my child's complete school record, including but not limited to: an unofficial transcript, a complete record of detentions, suspensions, expulsions, adjudications and discipline-related actions from the school listed above and any other school, institution or governmental authority that may be part of my child's school record. I hereby further authorize a representative of the school listed above to describe below and to discuss with Overland's directors my child's character, social skills and mental and physical health. The school listed above and any employees, officers and facilities associated with it are hereby released from any legal responsibility or liability for disclosure of my child's school records and related information to the extent indicated and authorized herein. I understand this authorization may be revoked at any time by writing to the person or entity I authorized to release this information, except to the extent that disclosure made in good faith has already occurred in reliance on this authorization. I give permission to photocopy this form. I waive my right to access (under the Family Educational Rights and Privacy Act, FERPA), and I understand that I will never see this completed form or any other supporting materials submitted to Overland on my child's behalf.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED NAME OF PARENT/GUARDIAN \_\_\_\_\_

### INSTRUCTIONS TO THE TEACHER

#### PERMISSION HAS BEEN GIVEN TO YOU TO PROVIDE COMPLETE INFORMATION ABOUT THE STUDENT

The parents of the above named student have authorized the release of the information requested below based on the student's complete school record (including but not limited to the student's transcript, a complete record of detentions, suspensions, expulsions, adjudications and discipline-related actions from the school listed above and any other school, institution or governmental authority that may be part of the student's school record). Your responses will be kept in confidence. Please return this reference to Overland no later than March 1st. Thank you for your assistance.

#### WHY WE NEED THIS INFORMATION

The student named above has applied to join an Overland summer program. Overland programs challenge students to share the responsibilities of group living and require teamwork, independence and self-reliance. Successful Overland students are able to participate effectively and positively in structured settings—like school, sports and extra-curricular activities—that require grade-appropriate maturity, independence and self-reliance.

1. How long has this student attended your school? \_\_\_\_\_

*(continued on the next page)*

## SCHOOL REFERENCE *(continued)*

**2. Please characterize this student's maturity level:**

- Above his/her grade level
- Appropriate for his/her grade level
- Somewhat behind his/her grade level
- Significantly behind his/her grade level

Comment: \_\_\_\_\_

**3. Please characterize this student's independence and self-reliance:**

- Above his/her grade level
- Appropriate for his/her grade level
- Somewhat behind his/her grade level
- Significantly behind his/her grade level

Comment: \_\_\_\_\_

**4. Please characterize this student's willingness to work as part of a team and share responsibility with others:**

- Above his/her grade level
- Appropriate for his/her grade level
- Somewhat behind his/her grade level
- Significantly behind his/her grade level

Comment: \_\_\_\_\_

**5. Please characterize this student's consideration and support of others:**

- Above his/her grade level
- Appropriate for his/her grade level
- Somewhat behind his/her grade level
- Significantly behind his/her grade level

Comment: \_\_\_\_\_

**6. Has this student received disciplinary actions (detention, suspension, expulsion) in the past 24 months from your school or another school? If yes, please describe the circumstances.**

YES NO

Comment: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_ POSITION/TITLE \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

SCHOOL NAME & ADDRESS \_\_\_\_\_

## TERMS OF AGREEMENT

Please Print Student's Full Legal Name: \_\_\_\_\_

### **PAYMENTS & REFUNDS:**

When a financial aid award is offered and accepted, a non-refundable deposit of \$500 is due. Full payment is due on an agreed upon date before the program begins. Please note:

- If your child's program choices are not available, we will not charge your deposit.
- We accept check or credit card for the deposit and final balance.
- If, upon our review of your child's Admissions Review Forms, the offer of a spot is withdrawn by Overland, a full refund of all payments to Overland will be made.
- If, at any point in the admissions process we determine that you have provided incomplete, misleading or false statements, we may withdraw the offer of admission and no refund of any payments to Overland will be made.
- If you withdraw your child before May 1st (notice of the withdrawal must be made in writing), \$500 of the deposit is refundable.
- If you withdraw your child after May 1st, there are no refunds for any reason whatsoever (including, but not limited to: voluntary withdrawal, illness or injury, summer school, security concerns or any other reason).
- If your child leaves a program after it starts, there are no refunds for any reason whatsoever, including, but not limited to: voluntary withdrawal, illness or injury, dismissal by Overland (due to discipline, behavior, lack of fitness or motivation, etc.), security concerns or any other reason. Any costs incurred by Overland related to an early departure are the sole responsibility of the parents.
- Trip insurance is offered by Overland through Trip Mate (see invoice). The trip insurance premium must be paid with the final program balance to qualify. Complete information is available at [www.tripmate.com/wpF434B](http://www.tripmate.com/wpF434B).

### **MEDICAL & DENTAL COSTS/EVACUATION COSTS:**

All medical/dental costs including evacuation and all related transportation will be charged to the parents and paid for by the same.

### **PERMISSION TO BE LISTED AS A REFERENCE / PERMISSION TO USE QUOTATIONS:**

Permission is given to Overland to use us as a reference and to use quotations paired with the relevant name from any correspondence or questionnaires we (parent and child) send to Overland in its promotional publications.

### **EXPECTATIONS**

Overland programs are wholesome, structured experiences with high expectations of each camper's behavior. Our campers are expected to be enthusiastic, positive, helpful and supportive of each other and of their leaders; they are expected to have chosen an appropriate trip for their interests and abilities; they are expected to have prepared adequately so that they can keep up physically and participate in all of the group's activities; they understand that smoking, using any tobacco product, drinking alcohol or using any drugs (other than prescribed medications) is strictly prohibited. We reserve the right to dismiss any camper for any reason whatsoever—including but not limited to: rule breaking, misbehaving or an inability to fully participate or to keep up physically. Campers who are dismissed receive no refund and all costs associated with the dismissal are the sole responsibility of the parents/guardians.

### **PHONES**

To maximize independence and self-reliance, we do not permit phone calls, emails or text messages to or from our campers (the exceptions to this are: your child will call home on arrival and departure with our phones and assistance, and in the case of an emergency). If your child brings a phone for use while en route to Overland, please do not bring an expensive smartphone; instead bring an inexpensive prepaid cell phone. All phones will be collected on arrival and returned at departure. While we will take reasonable steps to prevent damage, theft or loss to phones, we take no responsibility for phones and we will not make any reimbursements for lost, damaged or stolen phones.

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## TERMS OF AGREEMENT *(continued)*

### OTHER ELECTRONICS

Cameras are welcome but please do not bring any other electronics (e.g., iPods, iPads, Kindles or other readers, GPS or similar devices). All electronics (except cameras) will be mailed home on arrival (at your risk and expense).

### COMMUNICATION

We are committed to providing extraordinary support to you and your child; to that end, the Overland office is staffed from 8:30 a.m. to 8:30 p.m. seven days a week during the summer (outside of office hours our answering service provides emergency coverage). Our leaders in the field are in touch with our office regularly; they carry cell phones (and in some cases satellite phones). Any time a camper is treated for an injury or illness by a doctor or medical personnel, parents are notified by our office. A director calls the parents to explain the nature of the injury or illness, the sequence of events leading up to the injury and/or the steps leading to the treatment. Parents are typically able to speak with the medical personnel, with the leaders and with their child.

### PARTICIPANT AND PARENTS EACH AGREE:

I have carefully read, understand and voluntarily sign this Terms of Agreement and the accompanying Overland Summer Camps, Inc. Acknowledgment and Assumption of Risks & Release and Indemnity Agreement which is incorporated herein by reference. The participant and both parents must sign below.

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

PARTICIPANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## OVERLAND SUMMER CAMPS, INC.: ACKNOWLEDGMENT AND ASSUMPTION OF RISKS & RELEASE AND INDEMNITY AGREEMENT

For Participant and Parent or Legal Guardian

### INTRODUCTION:

Please read this entire Acknowledgment and Assumption of Risks & Release and Indemnity Agreement (hereafter, "Document") carefully before signing. **The participant must sign this Document. Both parents or legal guardians must also sign** (each parent and guardian individually and both parents and both guardians collectively hereafter "parent"), whether the participating child is an adult or a minor (minors are those under 18 years of age in Massachusetts; hereafter sometimes "minor" or "child"). The signature of an individual parent or guardian shall constitute acceptance of this Document by the individually signing parent or guardian and also by and on behalf of a minor participant. "We" refers to participant and his/her parent. In consideration of the services of Overland Summer Camps, Inc., a Massachusetts for-profit corporation, and its owners, officers, directors, employees, agents and representatives, including its medical advisors and all other persons or entities affiliated with it (individually and collectively referred to in this Document as "Overland"), in allowing participant to participate, we acknowledge and agree as follows:

### ACTIVITIES, RISKS AND ACKNOWLEDGMENT AND ASSUMPTION OF RISKS:

Participating (whether simply attending, observing or actively participating) in Overland educational, instructional, adventure and/or recreation activities in the U.S. or in foreign countries includes risks. We have voluntarily requested that participant participate in Overland's program and give permission/consent for participant to do so. We understand and agree that participating in Overland's program shall involve supervised and unsupervised activities, travel and the risk of injury to the participant as well as the risk of possible injury to others for which we may be liable. Activities (which may be provided or led by Overland staff, contractors or others) may include but are not limited to: hiking; backpacking; rock climbing or mountaineering (including, but not limited to, top-roping, belaying and rappelling and use of ropes, harnesses and/or other technical gear); camping; SCUBA diving; snorkeling; surfing; whitewater rafting, canoeing, sea, lake or river kayaking, sailing or other boating; swimming; fishing; road and off-road bicycling, including long distance bike touring; ropes, zip line or challenge course activities or canopy tours; safaris; leadership and wilderness first aid skills; interactive games and other sporting activities; sightseeing and/or travel in urban, rural and/or other areas; socializing; community service; outdoor cooking or other chores; homestays or other accommodations; use of any equipment, facilities or premises; and travel (for example) in airplanes, vans, buses, taxis, cars, trucks and/or other vehicles, or by gondola, ski-lift, boat, bike, foot or by other means (collectively referred to in this Document as "activities"). These activities may be mandatory or optional, scheduled or unscheduled, supervised or unsupervised, and include activities undertaken during participant's free and/or independent time. **We acknowledge that the inherent and other risks, hazards and dangers (sometimes collectively referred to in this Document as "risks") of these activities can cause injury, damage, death or other loss to participant or others.** The parent of a minor gives permission for their child to participate in all activities and agrees to discuss the nature of these activities and risks with their child. **The following describes some, but not all of the inherent risks:**

**Risks present in an outdoor environment.** These risks include travel in high altitude (in some cases, above 19,000 feet), mountainous, wilderness, glacial or desert terrain both on and off trail, and on land or water. Travel may be subject to storms, including rain, lightning, snow or ice; tides, currents, waves, reefs or whitewater; extremely hot, humid or cold weather or water and rapid and unpredictable weather changes; flash floods; mud or rock slides; fast moving rivers or other water bodies, including river crossings; falling or slippery rocks; boulder fields; falling or fallen timber; avalanches; stinging, venomous and/or disease carrying animals, insects or microorganisms; poisonous plants; wild or domestic (including marine) animals and other natural or man-made hazards. Hazards (both on land and above and below water level) may not be marked or visible and weather is unpredictable year-around.

**Risks associated with travel in the U.S. or a foreign country.** Participation in Overland's program involves risks not found at a camp in one location. These risks include but are not limited to traveling to and returning from domestic and foreign locations with potentially dangerous political, legal, social and economic conditions, different standards of design, safety and maintenance of buildings, public places and conveyances, local medical practices and conditions; natural hazards, disease, illness, injury and crime. Such travel can involve unique risks, such as political unrest, terrorism or warfare, contact with unusual diseases, viruses or bacteria, exposure to contaminated food or water, dangerous road or travel conditions, thievery, abduction and other risks. Travel includes the risk of being struck by a vehicle on a public or private roadway while traveling on a bike, on foot, in a vehicle or otherwise. Participants may be subject to laws and legal systems in foreign countries that do not provide the same protections as the U.S. legal system. NOTE: Although Overland considers current geo-political climates in choosing program locations, Overland personnel are not experts in assessing the likelihood of terrorist activity, political unrest, the need for vaccinations or other issues. Parent is responsible for conducting their own independent investigation through the U.S. State Department, U.S. Centers for Disease Control, World Health

Organization or other sources. The above risks and others are further described in the U.S. Department of State Consular Information Sheets and Travel Warning for the country or countries to which participant may be traveling during Overland's program. There are unavoidable risks in overseas and domestic travel during Overland's program.

**Risks involved in decision making and conduct.** Overland staff, contractors or others, including participants, must make various judgments and decisions in a variety of environments that are, by their nature, imprecise and subject to error. These risks include the risk that the participant or a co-participant, Overland staff member, contractor, or other person may misjudge the participant's (or others') capabilities, health or physical condition, or misjudge some aspect of travel, instruction, medical treatment, weather, terrain, water conditions or water level or route location.

**Personal health and participation risks.** The participant's mental, physical or emotional condition (including use or abuse of alcohol or any prescription or non-prescription drugs), disclosed or undisclosed, known or unknown, combined with participation in these activities includes risks. Although Overland personnel will review participant's submitted health and medical information, Overland cannot anticipate or eliminate risks or complications posed by participant's mental, physical (including fitness level) or emotional condition. Overland has identified "challenge levels" for some programs that contain general information on travel distances and other details, to assist participants in choosing programs. Participant and parent assume full responsibility for selecting programs based upon this or other information, and their own understanding of participant's mental, physical and emotional condition.

**Risks associated with any outdoor or athletic activity.** These risks include the risk that a participant may overestimate his or her abilities or fitness; be inattentive; lose control and trip or fall and/or collide with others, the ground, rocks or trees or encounter other water/terrain/road/trail hazards; not understand the functioning of (or misuse) the equipment; fail to negotiate steep, uneven or difficult terrain; not control his or her speed or experience equipment malfunction.

**Risks connected with geographic location.** Activities may take place in locations that are several hours or days from medical facilities, causing potential delays or difficulties in communication, transportation, evacuation and medical care. Medical facilities may be primitive, inadequate or inaccessible. Additional delays can result if circumstances require transport from a foreign country back to the U.S. for medical care. Although Overland staff or contractors may have access to wireless communication devices (including cell or satellite phones), use of these communication devices (whether inside or outside the U.S.) in outdoor or wilderness terrain and/or in any other terrain or location is unreliable and inconsistent.

**Equipment risks.** These risks include the risk that equipment used in an activity may be misused, or may break, fail or malfunction. This includes participant's personal equipment, Overland equipment or other equipment (whether purchased, borrowed or rented). Participants choosing to bring and use their personal equipment (including any safety gear) assume full responsibility, along with their parent, for choosing appropriate equipment and for the fit and condition of their equipment. Overland and/or its contractor/s require use of helmets or other safety gear for some activities. Safety gear may prevent or lessen injuries in some instances; however, use of safety gear is not a guarantee of safety, and injury can occur even with the use of this gear.

**Risks associated with service projects.** Participating in service projects includes risks associated with activities such as (but not limited to) trail work, building, digging, lifting and clean-up projects. Projects can include the use of tools and equipment (e.g., shovels, hammers or other tools) and potentially dangerous materials (paints, cleaning agents, insecticides and herbicides) that can cause injury resulting from use, misuse or malfunction.

**Risks associated with campgrounds, homestays, group or community accommodations.** These risks include sharing rooms or space with unrelated parties or homestay families and lack of privacy and security; in addition, participants may live with a homestay family without the direct supervision of Overland staff and may travel to and from their accommodations or homestay family independently. Homestay families will provide different oversight and supervision than Overland staff.

**Risks associated with cooking, camping and travel.** While camping, staying in hostels or otherwise, participants may cook over a gas or propane stove and are subject to the risk of gas explosion, scalding or other burns. Contaminated water is a risk in natural or primitive settings and water should be disinfected, filtered or boiled before use. Food or water is also provided by vendors, contractors, host families or public restaurants with risks of contamination or allergic reaction. Camp sites may be subject to falling trees and/or branches, floods, wildlife disturbances, and other hazards.

**Free time risks.** Participants will have free or unsupervised time including during visits to urban areas, during homestays, before, during or after activities and at other times. Participants will not be supervised or watched during nighttime sleeping hours. During both supervised and unsupervised activities, all participants share in the responsibility for their own well-being.

**Risks regarding conduct.** These risks include the risk that the participant, or other participants or third parties may act carelessly or recklessly.

## **THESE INHERENT RISKS, AND ANY OTHER RISKS MAY RESULT IN PARTICIPANTS:**

Falling partway or falling to the ground or into water; being struck by, colliding with or impacting objects, people, vehicles, animals or the bottom of a water body; experiencing vehicle/boat collision, capsize or rollover; reacting to high altitudes, weather conditions or increased exertion; becoming lost or disoriented; suffering gastro-intestinal complications or allergic reactions or experiencing other problems. These and other circumstances may cause heat or cold related illnesses or conditions (including hypothermia, hyperthermia, cold water immersion, frostbite or heat exhaustion/stroke), dehydration, hyponatremia, drowning, high altitude sickness (e.g., high altitude pulmonary or cerebral edema), SCUBA related de-compression sickness or lung expansion injury, heart or lung complications, broken bones, paralysis or other permanent disability, mental or emotional trauma, concussions, sunburn or other burns, infections, cuts, wounds or other injury, damage, death or loss.

## **WE FURTHER ACKNOWLEDGE AND AGREE:**

- To accurately complete and sign all required forms, abide by the terms of those documents, and obey all Overland rules and other policies;
- To review all Overland information and materials received, and understand that Overland representatives are available should we have further questions about these activities or the associated risks;
- To disclose any mental, physical or emotional condition/s or limitation/s which might affect participant's ability to participate, and represent that participant is fully capable of participating without causing harm to him/herself or others;
- The information provided above is not complete, other unknown or unanticipated activities, inherent and other risks and outcomes may exist, and Overland cannot assure participant's safety or eliminate any of these risks;
- **If participant is borrowing, renting or purchasing new or used equipment from Overland, the equipment comes "AS-IS," and Overland disclaims all warranties, express or implied (including any conditions of merchantability or fitness for a particular purpose) with regard to the equipment;**
- Overland contracts with organizations that are independent contractors (not their employees or agents) to provide or conduct many of the services and activities participants will engage in. Overland does not supervise or control these contractors and is not legally liable or responsible for their conduct;
- To review in detail the country risks from the free government website: [www.osac.gov](http://www.osac.gov) and are totally aware of the specific country risks and the risks that the participant may be exposed to during Overland's program. We also agree to revisit the [www.osac.gov](http://www.osac.gov) website immediately prior to participant's departure on Overland's program and allowing participant to participate in Overland's program is our acknowledgement that we are familiar with the specific country risks and risks that participant may be exposed to during Overland's program; and
- **Participant is voluntarily participating with knowledge of the risks. Therefore, participant and parent assume and accept full responsibility for the inherent and other risks (known and unknown, described above or otherwise) of these activities, and for any injury, damage, death or other loss suffered by participant (and parent) resulting from those risks, including the risk of participant's own negligence or other misconduct.**

## **RELEASE AND INDEMNITY AGREEMENT:**

In accordance with laws and regulations governing the National Park Service ("NPS"), this paragraph shall not apply with respect to negligence, injuries or other losses occurring at any NPS property. Otherwise this paragraph shall apply and should be read carefully because this Release and Indemnity Agreement contains a surrender of certain legal rights.

I (participant, and parent for myself and for and on behalf of my participating minor child) agree:

1. **to release, hold harmless and agree not to sue Overland**, with respect to any and all claims, liabilities, suits or expenses (including attorneys' fees and costs) (hereafter "claim" or "claim/s"), for any injury, damage, death or other loss in any way connected with my/my child's enrollment or participation in Overland activities, including use of any equipment, facilities or premises and also all claims or right of action for damages which my minor child has or hereafter may acquire, either before or after my child has reached the age of majority . I understand that I agree here to waive all claim/s I or my child may have against Overland, bind my/my child's estate and any family member/heir/other party bringing claim/s, and agree that neither I, my child nor anyone acting on my or my child's behalf, will make a claim against Overland as a result of any injury, damage, death or other loss suffered by me or my child;
  
2. **to defend and indemnify** ("indemnify" meaning protect by reimbursement or payment) **Overland**, with respect to any and all claim/s:
  - a. brought by or on behalf of me, my participating child, spouse or other family member/s, or my/my child's heir/s or estate for any injury, damage, death or other loss in any way connected with my/my child's enrollment or participation in Overland activities, including use of any equipment, facilities or premises; and/or;
  - b. brought by a co-participant or other person for any injury, damage, death or other loss to the extent caused by my/ my child's conduct in the course of participating in Overland activities, including use of any equipment, facilities or premises.

**This Release and Indemnity Agreement includes claim/s of or resulting from Overland's negligence (but not its gross negligence or reckless or intentional misconduct), and includes claim/s for personal injury or wrongful death (including claim/s related to emergency, medical, drug and/or health issues, response, assessment or treatment), property damage, loss of consortium, breach of contract or any other claim.**

**OTHER PROVISIONS:**

**We agree:**

- The substantive law of the Commonwealth of Massachusetts (without regard to its "conflict of laws" rules) governs this Document and the accompanying Terms of Agreement that is incorporated herein by reference. This Document shall be considered a release, waiver of liability and contract of indemnity. This Document and the Terms of Agreement shall be governed by Massachusetts law and deemed executed entirely in the Commonwealth of Massachusetts as contracts under seal. Any dispute participant or parent have with Overland and all other aspects of our relationship with Overland, contractual or otherwise, shall be governed by Massachusetts law and any mediation, suit or other proceeding must be filed or entered into only in Berkshire County, Massachusetts. We agree to attempt to settle any dispute (that cannot be settled by discussion) through mediation before a mutually acceptable Massachusetts mediator;
- Parent is fully responsible for participant during travel time to and from their in-country destination and/or a designated Overland meeting point in the U.S. or another country;
- **This Document and the Terms of Agreement are intended to be interpreted and enforced to the fullest extent allowed by law. If any portion of this Document or the Terms of Agreement is deemed unlawful or unenforceable, it shall not affect the enforceability of the remaining provisions, and those remaining provisions shall continue in full force and effect.**

**PARTICIPANT AND PARENTS EACH AGREE:**

**I have carefully read, understand and voluntarily sign this Document and the Terms of Agreement and acknowledge that they shall be effective and legally binding upon me, my spouse, participating minor child and other children, and parent's/ participant's other family members, heirs, executors, representatives, subrogors and estate. The participant and both parents or legal guardians must sign below.**

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

PARTICIPANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## PERMISSION FOR TREATMENT

To be completed by the parent/guardian and returned to Overland

CAMPER'S FULL LEGAL NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

PARENT/GUARDIAN PRIMARY PHONE NUMBER(S) \_\_\_\_\_

I (parent/guardian) on behalf of myself and my spouse (if spouse is also a parent/guardian of the child/ward) understand and agree that Overland Summer Camps, Inc., its directors, staff and leaders have the right to engage the services of a physician, dentist or hospital if they deem it reasonable and necessary. In the case of a medical emergency, I hereby give permission to the physician or dentist selected by an authorized representative of Overland to hospitalize, secure proper treatment for, order injection, anesthesia or surgery and prescribe medications for my child/ward. Every reasonable effort will be made to contact the parent/guardian in the event of a medical emergency or serious illness and to secure such person's consent prior to treatment. The cost of all such medical/dental services including emergency evacuation and all transportation will be charged to the parent/guardian and paid for by the same.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

PRINTED NAME OF PARENT/GUARDIAN \_\_\_\_\_

RELATIONSHIP TO CAMPER \_\_\_\_\_ DATE \_\_\_\_\_

OVERLAND PROGRAM \_\_\_\_\_ START/END DATE \_\_\_\_\_

## 2017 HEALTH RECORD FORMS

### TO THE PARENT/GUARDIAN:

Welcome to Overland. Please complete the attached forms, and then give pages 22-24 to your child's physician.

**A Physical exam performed within 12 months of the program start date is required.** If your child's most recent physical exam does not meet this requirement, please ask the physician to complete and sign the Physician's Report and Prescription Information Form (if applicable) based on your child's most recent physical exam. When your child goes for a physical exam this spring, please ask the physician to send an updated Physician's Report and Prescription Information Form (if applicable).

### CHECKLIST:

**Part I** - To be completed by parent/guardian and returned to Overland.

- Parent/Guardian Questionnaire (pgs. 17-18)
- Allergy Questionnaire (if applicable, pgs. 19-21)

**Part II** - To be completed by parent/guardian and your child's physician.

- Authorization to Release Medical Records & Waiver of Right to Access (pg. 22)
- Physician's Report (pg. 23)
- Prescription Information (if applicable, pg. 24)

Please return pages 17-24 of the Health Record to Overland by May 1st. These forms can be faxed, scanned or mailed back to Overland. Thank you!

## PARENT/GUARDIAN QUESTIONNAIRE

To be completed by the parent/guardian and returned to Overland

CAMPER'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

1. Please characterize your child's swimming ability: Excellent / Above Average / Average / Below Average / Poor
2. Does your child have any developmental conditions, learning disabilities or attention deficit disorders? YES NO
3. Are there any camp activities from which the camper should be exempted for health reasons? YES NO
4. Is your child under the care of a physician for a physical condition or illness? YES NO
5. Will your child bring prescription medication while attending Overland this summer? YES NO
  - If yes, please ask your child's physician to complete the **Prescription Information Form**. (pg. 9).
6. Does your child have asthma? YES NO
  - If yes, please circle triggers: Exercise    Fatigue    Dehydration    Stress    Food Item    Smoke  
 Respiratory Infection/Common Cold    Allergen \_\_\_\_\_    Other \_\_\_\_\_
7. Does your child have any allergies or food intolerances? YES NO
  - If yes, please complete the **Allergy Questionnaire** (pgs. 4-6).
8. Has your child had a significant life event that continues to affect his or her life? YES NO  
 (e.g., family change, new sibling, death of a loved one, etc.)
9. Is your child currently being treated (or has he/she been treated in the past 12 months) by a physician, psychiatrist, psychologist, therapist, counselor, social worker or other professional for any social, emotional or mental health concerns (including, but not limited to: behavior, adjustment, mood, eating, alcohol, drug, emotional or mental health concern of any kind)? YES NO

Please explain "yes" answers in the space below, noting the number of the question and providing the names and contact information of any treating professionals.

(continued on the next page)

## PARENT/GUARDIAN QUESTIONNAIRE *(continued)*

CAMPER'S NAME \_\_\_\_\_

### MEDICATION AUTHORIZATION

**Overland's staff may administer the following medications (cross out any that you do NOT give consent to):**

Tylenol (or generic equivalent)      Advil (or generic equivalent)      Antihistamine (Benadryl or generic equivalent)  
Laxative (Ex-lax or generic equivalent)      Antidiarrheal (Diamode or generic equivalent)      Antacid (Alamag or generic equivalent)  
Motion sickness tabs (Dramamine or generic equivalent)      Epi-pen (or epi-shot)

**My child may self-administer (cross out any that you do NOT give consent to):**

Inhaler (fast-acting rescue)      Inhaler (daily use maintenance)      Epi-pen (or epi-shot)      Other \_\_\_\_\_

### HEALTH INSURANCE INFORMATION

**Please send your child with an original or copy of your health insurance card.**

Insurance Company Name & Address \_\_\_\_\_

Insurance Company Phone \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Subscriber Name & DOB \_\_\_\_\_

### EMERGENCY CONTACTS (other than parent/guardian)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Phone & Type \_\_\_\_\_ Secondary Phone & Type \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Phone & Type \_\_\_\_\_ Secondary Phone & Type \_\_\_\_\_

**To the best of my knowledge, all information given by me in this Health Questionnaire is correct and my child/ward has permission to participate in all activities.**

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED NAME OF PARENT/GUARDIAN \_\_\_\_\_

## ALLERGY QUESTIONNAIRE

Please complete this form and return to Overland **only** if your child has any allergies or intolerances.

### MEALS: GENERAL INFORMATION

Good food (and plenty of it!), excellent nutrition and fun are the goals of Overland's meals. Each group buys, prepares and eats all of its meals together. Our campers, with their leaders' supervision, prepare all meals. At Overland, meals are a group experience, an important way to foster connection with and consideration for other group members.

### ALLERGIES & INTOLERANCES

We recognize there are many young people with food allergies or intolerances. We welcome these young people's interest in joining us, and we ask parents of a prospective Overland camper with an allergy/intolerance to please consider the following important information.

Most meals at Overland are prepared in basic kitchens (or outdoors), and groceries are typically purchased from small stores with limited choices. As a result, meals are prepared and served in what may be allergen-contaminated environments, and on many trips allergen-free/gluten-free foods are not readily available. While we cannot guarantee allergen-free meal settings, we will do what is reasonable to provide allergen-free/gluten-free foods on those trips where available.

In all things, our top priority is to help maintain all campers' well-being; to this end, all Overland leaders are trained to recognize and respond to allergic reactions, including administering antihistamines and epinephrine (both are carried in every trip's first aid kit); leaders carry cell phones, and in some cases, satellite phones, so that should the need arise, emergency personnel can be contacted and their services requested. It is important for all prospective parents to understand that many groups travel in remote areas where emergency services may not be easily or readily accessible.

### OUR ADMISSIONS PROCESS IS COLLABORATIVE

During our admissions process we will review all submitted Allergy Questionnaires to understand the applicant's allergy/intolerance. We will then consider whether or not the applicant's allergy/intolerance may be reasonably accommodated. If our admissions team has any concerns they will contact the parent. In this conversation we will seek to learn more about the allergy/intolerance; and we will discuss the available grocery stores, emergency services and medical facilities on the applied for trip. These conversations generally have one of three outcomes:

- The applicant is placed on the applied for trip if the applicant otherwise qualifies.
- We offer a different trip if the applicant otherwise qualifies.
- We recommend waiting a year and re-applying.

### MANAGING FOOD ALLERGIES/INTOLERANCES IS A PARTNERSHIP

Our commitment is to the health and well-being of each of our campers. Our goal is to partner with parents and campers—a partnership in which:

- We clearly describe our programs and policies;
- Parents clearly describe their child's allergies or intolerances, and their child's maturity level and capability to self-manage his or her allergy or intolerance.
- We work together with parents in a collaborative and interactive process to determine if there are reasonable accommodations that can be made so that otherwise qualified applicants can participate in our programs.
- Campers on a program take an active role in managing their allergies, including reading food labels as needed, eating only those foods with known ingredients, and seeking a leader if a reaction is suspected.

*(continued on the next page)*

## ALLERGY QUESTIONNAIRE *(continued)*

CAMPER'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

Please call us if you have any questions or concerns—our admissions process is intentionally collaborative and we seek to partner with parents to make appropriate trip placements. Thank you.

### GENERAL INFORMATION

1. Please describe your child's capability to self-manage his or her allergy or intolerance.

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2. Will your child carry an EpiPen this summer? YES    NO

3. Has your child ever had to use an EpiPen? If so, when and what caused the reaction?

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4. Please attach a copy of your child's current **Allergy Action Plan**. If you don't have an Allergy Action Plan, please describe what actions are taken if your child starts to have a reaction.

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*(continued on the next page)*

## ALLERGY QUESTIONNAIRE *(continued)*

CAMPER'S NAME \_\_\_\_\_

Please provide the following information for each allergy/intolerance (you may attach an additional page for each additional allergen). **Please provide your signature below.**

**ALLERGEN:** \_\_\_\_\_

1. Please describe your child's allergy or intolerance.

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2. Has your child had a reaction to this allergen? YES NO  
If yes, please describe (and indicate when the reaction occurred)

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3. How sensitive is your child to this allergen when your child ingests the allergen (circle one):

Anaphylaxis/Life Threatening      Hives/Skin Irritation      Other: \_\_\_\_\_

4. How sensitive is your child to this allergen when your child touches a surface that has residue of the allergen?

Anaphylaxis/Life Threatening      Hives/Skin Irritation      Other: \_\_\_\_\_

5. How sensitive is your child to this allergen when your child smells or is exposed to the allergen in an airborne form?

Anaphylaxis/Life Threatening      Hives/Skin Irritation      Other: \_\_\_\_\_

6. Is your child's allergy such that he or she avoids things produced in the same facility as the allergen? YES NO  
If yes, please describe:

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SIGNATURE OF PARENT/GUARDIAN COMPLETING THIS FORM: \_\_\_\_\_

PRINTED NAME OF PARENT/GUARDIAN COMPLETING THIS FORM: \_\_\_\_\_

BEST PERSON TO FOLLOW UP WITH IF NECESSARY: \_\_\_\_\_ PHONE: \_\_\_\_\_

## AUTHORIZATION TO RELEASE MEDICAL RECORDS & WAIVER OF RIGHT TO ACCESS

To be completed by the parent/guardian and given to physician

CAMPER'S FULL LEGAL NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

PARENT/GUARDIAN PRIMARY PHONE NUMBER(S) \_\_\_\_\_

I hereby authorize (please insert name and address of physician):

PRINTED NAME OF PHYSICIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

to disclose my child's complete health record to Overland Summer Camps, Inc., for the purpose of my child's enrollment in an Overland program.

The physician listed above and any employees, officers and facilities to which he or she is associated are hereby released from any legal responsibility or liability for disclosure of my child's medical records and information to the extent indicated and authorized herein. I understand this authorization may be revoked at any time by writing to the person or entity I authorized to release this information, except to the extent that disclosure made in good faith has already occurred in reliance on this authorization. I give permission to photocopy these forms. I waive my right to access and I understand that I will never see this completed form or any other materials submitted to Overland on my child's behalf.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

PRINTED NAME OF PARENT/GUARDIAN \_\_\_\_\_

RELATIONSHIP TO CAMPER \_\_\_\_\_ DATE \_\_\_\_\_

Please provide this authorization to your physician along with the Prescription Information form (if camper is taking any prescription medications) and Physician's Report.

## PHYSICIAN'S REPORT

Must be completed by a physician and returned to Overland

CAMPER'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

The camper named above has applied to join an Overland summer program. Overland programs challenge campers physically, socially and emotionally. Every program requires our campers to share the responsibilities of group living, requiring teamwork, independence and self-reliance. Thank you for helping us assess this camper's potential for success at Overland.

1. Date of most recent physical exam \_\_\_\_\_
2. Weight \_\_\_\_\_ Height \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_
3. Is this camper on any prescription medications? YES NO
4. Has this camper had any operations or significant injuries? YES NO
5. Does this camper have any developmental issues, learning disabilities or attention deficit disorders? YES NO
6. Are there any camp activities from which the camper should be exempted for health reasons? YES NO
7. Is this camper currently under the care, or has he/she been under the care in the past 12 months, of a physician for a physical condition or illness? YES NO
8. Does this camper have any food allergies, intolerances, dietary restrictions or environmental allergies? YES NO
9. Is this camper allergic to any medications? YES NO
10. Is this camper currently (or in the past 12 months) being treated by a physician, psychiatrist, psychologist, therapist, counselor, social worker or other professional for any social, emotional or mental health issues (including but not limited to: behavior, adjustment, mood, eating, alcohol, drug, emotional or mental health issue of any kind?). YES NO
11. Please attach a copy of this camper's immunization records. Attached

Please explain "yes" answers in the space below, noting the number of the question and providing the names and contact information of any treating professionals.

LICENSED PHYSICIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 PRINTED NAME OF PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ FAX \_\_\_\_\_

## PRESCRIPTION INFORMATION

To be completed by the parent/guardian and physician and returned to Overland **only** if your child will bring prescription medication while attending Overland this summer.

CAMPER'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

### To the Parent/Guardian:

- Please note that prescribed medications must be in the original container with the original pharmacy label. Your child's Overland leaders are required to hold/administer medications during the program (unless expressly indicated otherwise). Please provide enough of each medication to last for the entire program.
- If any changes to prescribed medications occur, please submit a new prescription form to Overland, authorized by you and your child's physician before the start of your child's Overland program.
- Overland discourages a change in a child's medication during a trip. If your child (with a physician's approval) will stop taking a medication that treats behavioral, emotional, mood or attention disorders before or during the summer, please call us to discuss.

### INHALERS

My child will bring an inhaler; inhaler brand: \_\_\_\_\_

- Is this a fast-acting rescue OR daily use inhaler? (please circle one)
- If it is a fast-acting rescue inhaler would you prefer to have your child hold on to it for the duration of the program?      YES      NO

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### To the Physician:

Massachusetts law requires approval from a licensed physician for the administration of prescription medication.

I give permission for the administration of the following medications, to the student listed above.

### MEDICATIONS

Medication #1 \_\_\_\_\_ Purpose \_\_\_\_\_

Instructions \_\_\_\_\_

Medication #2 \_\_\_\_\_ Purpose \_\_\_\_\_

Instructions \_\_\_\_\_

Medication #3 \_\_\_\_\_ Purpose \_\_\_\_\_

Instructions \_\_\_\_\_

LICENSED PHYSICIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED NAME OF PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ FAX \_\_\_\_\_