



## FIELD TRIP PERMISSION FORM 2018 – 2019

Parent(s)/Guardian(s) \_\_\_\_\_ hereby give permission for my child  
\_\_\_\_\_, a student at Chapin School, to participate in:

Project U.S.E. the details of which are:

Trip date: *Tuesday - Friday, May 28 - 31, 2019*

Destination: *Project U.S.E., Wildcat Mountain Wilderness Center*

Departure time: *8:00 a.m., May 28*

Arrival time at Chapin: *3:00 p.m., May 31*

Transportation: *Chartered Coach*

Trip activities: *Outdoor education experience*

Other important information: *Information attached*

I/(we) understand that there are risks associated with participation in the program, as with all such activities, and that there are additional risks to consider including: *N/A*

Knowing those risks I/(we) sign this Release and Indemnification Agreement as follows:

### Medical Release and Waiver of Liability:

I/(we) hereby grant permission to Chapin School to deal with any medical emergencies in the event that I/(we) cannot first be contacted. I/(we) authorize the teacher or staff member in attendance at any Chapin School activity to select and secure such medical attention as they may reasonably believe necessary for my child as a result of injuries or other events requiring emergency care if neither parent/guardian is in attendance at such event or until parent(s)/guardian(s) can be contacted. Further, as noted above, **I am aware of the risks to which my child may be exposed on this trip; and, I hereby release Chapin School, its Trustees, employees, and contractors from any and all liability on account of such participation and I release them from any liability on account of such selection or authorization of medical attention and for any and all damages which occur on account thereof.**

### Medications:

Students who normally receive medication during the class day/class event should receive the same medication on a school field trip or event. I/(we) acknowledge that I/(we) are responsible for making arrangements with the Nurse's Office for medications normally administered during the day or during the event. I/(we) acknowledge that this location is NOT a "nut safe" environment. Further, I/(we) give permission for my child to receive emergency medical treatment by a first aid squad and/or hospital, if needed.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

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

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

**PROJECT U.S.E. - URBAN SUBURBAN ENVIRONMENTS  
CONFIDENTIAL MEDICAL HISTORY**

SCHOOL / PROGRAM/ ORGANIZATION NAME \_\_\_\_\_

PROGRAM DATE(S) \_\_\_\_\_

- BOTH SIDES OF THIS FORM MUST BE COMPLETELY FILLED OUT AND SIGNED (BY A PRENT/GUARDIAN IF UNDER 18)
- ANY STUDENT WITHOUT A COMPLETED AND SIGNED MEDICAL FORM WILL NOT BE PERMITTED TO PARTICIPATE IN OUR PROGRAM AND MAY BE ASKED TO LEAVE THE PROGRAM SITE.
- IF YOU FAIL TO NOTIFY US OF ANY RELEVANT PREEXISTING MEDICAL CONDITIONS, WE WILL NOT BE RESPONSIBLE FOR ANY INJURIES THAT MAY OCCUR AS A RESULT.

**PLEASE PRINT CLEARLY**

**PART I**

NAME \_\_\_\_\_ AGE \_\_\_\_\_  MALE  FEMALE

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

INSURANCE CO. \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ID# \_\_\_\_\_

PERSON TO BE NOTIFIED IN CASE OF AN EMERGENCY:

1) NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

WORK (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ HOME (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ CELL (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

2) NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

WORK (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ HOME (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ CELL (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**PART II** IF YOU HAVE ANY QUESTIONS ABOUT THESE STATEMENTS, ASK YOUR PHYSICIAN. IF YOU CHECK YES TO ANY OF THE ABOVE ITEMS, PLEASE GIVE DETAILS IN THE SPACE PROVIDED BELOW.

VISION OR HEARING PROBLEMS	NO <input type="checkbox"/> YES <input type="checkbox"/>	HERNIA	NO <input type="checkbox"/> YES <input type="checkbox"/>
DIZZY SPELLS	NO <input type="checkbox"/> YES <input type="checkbox"/>	SEVERE ILLNESS	NO <input type="checkbox"/> YES <input type="checkbox"/>
MOTION SICKNESS	NO <input type="checkbox"/> YES <input type="checkbox"/>	CLAUSTROPHIA / ACROPHOBIA	NO <input type="checkbox"/> YES <input type="checkbox"/>
THROAT INFECTION	NO <input type="checkbox"/> YES <input type="checkbox"/>	DEPRESSION / HYSTERICS / NERVOUSNESS	NO <input type="checkbox"/> YES <input type="checkbox"/>
FREQUENT NAUSEA	NO <input type="checkbox"/> YES <input type="checkbox"/>	DIABETES / THYROID PROBLEMS	NO <input type="checkbox"/> YES <input type="checkbox"/>
DIARRHEA / BLOOD IN STOOL	NO <input type="checkbox"/> YES <input type="checkbox"/>	CURRENT MEDICATION	NO <input type="checkbox"/> YES <input type="checkbox"/>
SEVERE MENSTRUAL CRAMPS	NO <input type="checkbox"/> YES <input type="checkbox"/>	SPECIAL DIET	NO <input type="checkbox"/> YES <input type="checkbox"/>
ASTHMA / BREATHING DIFFICULTIES	NO <input type="checkbox"/> YES <input type="checkbox"/>	FOOD ALLERGIES	NO <input type="checkbox"/> YES <input type="checkbox"/>
ALLERGY TO BEE/ INSECT BITES	NO <input type="checkbox"/> YES <input type="checkbox"/>	ALLERGIES TO MEDICATION	NO <input type="checkbox"/> YES <input type="checkbox"/>
PHYSICAL LIMITATIONS	NO <input type="checkbox"/> YES <input type="checkbox"/>	OTHER	NO <input type="checkbox"/> YES <input type="checkbox"/>

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

1. CHEST PAINS	NO <input type="checkbox"/> YES <input type="checkbox"/>	4. CHRONIC PAIN IN BACK / NECK	NO <input type="checkbox"/> YES <input type="checkbox"/>
2. IRREGULAR HEART BEAT	NO <input type="checkbox"/> YES <input type="checkbox"/>	5. BROKEN BONES / SERIOUS SPRAIN	NO <input type="checkbox"/> YES <input type="checkbox"/>
3. LOW OR HIGH BLOOD PRESSURE	NO <input type="checkbox"/> YES <input type="checkbox"/>	6. SEVERE INJURY TO HEAD	NO <input type="checkbox"/> YES <input type="checkbox"/>

IF YOU HAVE CHECKED YES TO ANY OF THESE ITEMS, WE RECOMMEND YOU CONSULT YOUR PHYSICIAN BEFOREHAND. IN YOUR OPINION, WILL ANY OF THESE CONDITIONS PREVENT YOU FROM FULLY PARTICIPATING IN THIS PROGRA? NO  YES

IN THE EVENT THAT I CANNOT BE REACHED IN AN EMERGENCY, PERMISSION IS HEREBY GRANTED FOR ANY EMERGENCY ANESTHESIA AND/OR OPERATION. WHICH MIGHT BE NECESSARY. I HAVE READ THE DESCRIPTION OF PROJECT U.S.E. AND UNDERSTAND THAT THE PROGRAM IS PHYSICALLY AND MENTALLY DEMANDING AND IS CONDUCTED IN SEMI-WILDERNESS AREAS.

DATE \_\_\_\_\_

SIGNATURE (IF UNDER 18, PARENT OR GUARDIAN MUST SIGN) \_\_\_\_\_

**PLEASE COMPLETE AND SIGN BOTH SHEETS**

**PROJECT U.S.E – URBAN SUBURBAN ENVIRONMENTS  
CONFIDENTIAL MEDICAL HISTORY**

**CURRENT CONDITIONS:**

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**DO ANY OF THESE MEDICATIONS NEED TO BE ADMINISTERED WHILE ON OUR COURSE? IF YES, PLEASE EXPLAIN.**

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MEDICATIONS	CONDITIONS FOR USE	DOSAGE	FREQUENCY

**THE PARENT / GUARDIAN AUTHORIZES PROJECT U.S.E. TO ADMINISTER THESE MEDICATIONS TO THEIR CHILD WHILE IN OUR CARE.**

\_\_\_\_\_  
PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

It is common practice for staff, teachers, and students to bring and use cameras on their adventures with us. On occasion people will forward some of their photos to us, and we enjoy the opportunity to use them to show others what a Project USE program is like. By signing below you authorize Project USE the use, for promotional purposes, of your likeness or that of the minor child for whom you sign in photographs and videos taken during these activities. Usage may include, but is not limited to, websites, publications, signage, and other public displays in perpetuity.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



89 Lincoln Park, Newark, NJ 07102 / (973) 645-0080 / www.projectuse.org

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### ASSUMPTION OF RISK AND RELEASE

I hereby acknowledge, for myself or on behalf of the minor child for whom I sign (hereinafter "my child"), that I /my child will be participating in certain activities offered by Project U.S.E. at Wildcat Mountain Wilderness Center in Wawayanda State Park, Hewitt, New Jersey and/or other locations and facilities (hereinafter the "Program").

I understand and acknowledge that the Program will include some or all of the following activities: teambuilding, group games, hiking, backpacking, rock climbing, rappelling, low and high challenge courses (which are a series of rope and cable obstacles ascending from group level to 30' to 40' high), map and compass land navigation, canoeing, basic outdoor living skills such as fires, cooking, shelters, first aid and health, basic survival skills, and environmental awareness. Some teambuilding group games and low challenge course activities are off the ground, require team effort and may involve close personal contact with other participants. All such activities shall be at a level commensurate with the age and skill level of the participants as determined by Project U.S.E. at its sole and absolute discretion. The philosophy of Project U.S.E. activities includes a commitment to "Challenge by Choice," whereby each participant decides at what level he or she will participate in the activity presented.

I understand and acknowledge that there are risks, perils and hazards involved in the activities that comprise the Program. I understand that those risks are too numerous to identify specifically. I do hereby assume those risks, however, on behalf of myself/my child except in the event that any loss or injury is due to the gross negligence or willful misconduct of Project U.S.E., its Board of Trustees, officers, agents or employees.

I do hereby release Project U.S.E., its Board of Trustees, officers, agents and employees from any and all claims for loss or injury arising out of, in any way related, to my/my child's participation in the Program, except in the event that the loss or injury is due to the gross negligence or willful misconduct of Project U.S.E. All claims arising out of my/my child's participation in the Program shall be governed by the laws of the State of New Jersey.

I authorize Project U.S.E. to provide and/or arrange for me/my child such medical care as it considers necessary and appropriate. I authorize any third person medical care provider to exchange pertinent medical information about me/my child with Project U.S.E. I agree to pay all costs associated with such care and related transportation.

This agreement cannot be supplemented or emended, except in writing signed by both parties. I understand that this agreement is binding upon myself, my child, our heirs, executors, administrators and family members.

\_\_\_\_\_  
Participant's Name (print)

\_\_\_\_\_  
Parent/Guardian (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's Signature

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



## Wildcat Mountain Wilderness Center Overnight Course Gear List

Wondering what to bring with you on your overnight at Wildcat? Read on to find out. If you have any questions, please let us know and we'll be happy to help you.

### > What should I bring with me?

All participants must bring:

- Completed and signed Project U.S.E. waiver, medical form & immunization record
- A large, refillable & reusable bottle for water
- Bowl and durable spoon
- Toothbrush and toothpaste (please do not bring mouthwash)
- Flashlight or headlamp with working batteries
- Sunscreen (if course is in the summer)
- Medication that may be necessary during the day (i.e., inhalers, Epi-Pens)

### > What should I wear?

Keep in mind that it can be 5-10 degrees cooler at Wildcat than it is in other parts of the state. Please wear\*:

- Comfortable clothes that can get dirty
  - Hiking boots or sturdy sneakers—all footwear must be closed-toed
  - 2 t-shirts
  - Warm upper layer if cold (fleece or down jacket, etc.)
  - Rain jacket
  - Baseball cap (if weather is warm), wool hat and gloves (if weather is cold)
  - 1 pair of pants
  - 2 pairs of socks
  - 1 long-sleeved shirt or sweater
  - 2 pair of underwear
  - 1 pair of shorts (if weather is warm)



\*Try to avoid wearing cotton clothing. Cotton does not dry quickly

when wet, and does not keep the body as warm or cool as other fabrics do. Fabrics such as wool, nylon, polypropylene, silk, and acrylic dry quickly and regulate body temperature well. Please do the best you can with what you have; work-out clothes or gym clothes are great.

### > What else do I need for the overnight?

Project U.S.E. provides all gear listed below. If you want to use your own, it is at the instructor's discretion as to whether it will be suitable for the course.

- 1 sleeping bag & stuff sack
- 1 backpack (3,500 cu. in. or larger)
- 1 Ensolite foam pad or Therm-a-rest

### "Dress Like an Onion"



When you're spending some time outdoors, layering is the way to go. Clothing layers trap air between them and help keep you warm. A good layering system will keep you comfortable whether it's hot or cold outside. Remove layers to cool off or add layers to warm up!

### Please leave the following items at home:

- \* Cell phones
- \* Knives
- \* Watches
- \* Baby wipes
- \* Matches/lighters
- \* Money
- \* iPods/headphones
- \* Sandals/flip flops
- \* Jewelry
- \* Perfume/body spray
- \* Cigarettes/tobacco products
- \* Candy/gum

Perfumes, baby wipes and sugary foods attract bugs or animals. Electronic devices can become wet, get ruined, screens could get cracked. Valuables (jewelry, money, etc.) can break or be lost during the day. It's best to leave these items at home on the day of your program.