



STAR ISLAND CORPORATION

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Minor Medical Release Form and Permission Form

Minor's Name:	
Activity/Conference:	Dates of Activity: ___/___/___ - ___/___/___
Date of Birth:	Sex:
Address:	
Parent/Guardian's Name(s):	
Home Phone:	Work Phone:
Another Emergency Contact:	Relationship:
Home Phone:	Work Phone:

MEDICAL INFORMATION

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.

There are inherent risks in traveling to and staying on Star Island which cannot be eliminated, such as exposure to elements on a remote island including but not limited to inclement weather, wildlife and unmonitored terrain and woods; the potential for others participating in conference programs to act in a negligent manner that may cause or contribute to injury, harm, or death; and lack of access to a medical facility without extensive travel by boat and motor vehicle.

The Star Island Corporation strongly recommends not participating in an on island conference if you suffer from any medical condition which might reasonably require emergency medical response including but not limited to heart conditions, the last trimester of pregnancy, severe allergic reactions to wildlife, illnesses which require ongoing medical treatment or monitoring and other similar conditions. Additionally, if you have had or expect to have had recent surgery, neurological problems resulting in impaired mobility, mental health issues requiring use of medications, or other similar conditions, or if you use or expect to use specialized medications, medical equipment, portable oxygen, or other similar items, the Star Island Corporation strongly recommends consulting your physician to ensure that Star Island is a suitable environment for you to visit. Guests on Star Island are responsible for their own medical condition while on the island, including monitoring of health conditions and making sure that they have adequate medication to address any possible medical issues which may arise.

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 who, 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

MEDICATIONS

“Lock Boxes” are available at the first aid station to ensure proper security of medications brought to the island. **Controlled medications must be kept under lock and key at all times.** Conferees under age 18 must either have their parent, guardian, or official conferee sponsor use the lock box service and dispense controlled medications to the minor on an as needed basis, or leave the controlled medications at the first aid station to be dispensed during regular hours. ***At no times can a minor be in sole possession of more than the currently needed dosage of any controlled substance.*** For non-controlled medications, the lock box service is still available and all are strongly encouraged to use it.

TREATMENT PERMISSION

In the event of a medical emergency, I(we), _____ parent/guardian of _____, grant permission to Star Island Corporation, the Rye 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, or USCG can perform emergency treatment as deemed necessary for my child.

Signed: _____ Date: _____

Parent Guardian

INSURANCE

IMPORTANT: Please 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 this information.

PARTICIPATION

I release Star Island Corporation from any and all liability from injury and illness traveling to the island and while on the island.

I give permission for _____ to participate fully in the activity on Star Island. (Name of minor)

Parent/Guardian’s name (printed): _____

Parent/Guardian’s signature: _____ Date: _____

DEPARTURE

I give the following adults permission to pick up _____ .
(Name of minor)

Don’t forget to put down yourself and/or your spouse.

Name of Adult	Relation to Youth	Phone Number

Thank You!