



## RELEASE FOR A STUDENT WITH A SPECIAL NEED/CONDITION

Name of Student \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip Code

School \_\_\_\_\_ District \_\_\_\_\_ Dates at ECOS \_\_\_\_\_

Nature of Special Need/Condition \_\_\_\_\_

ECOS Institute is located in the San Bernardino Mountains, approximately 80 miles from central Orange County. The site elevation is 5,280 feet at Forest Home and 6,500 at Camp Cedar Crest, in forested and chaparral mountain terrain. ECOS Institute involves students in a variety of activities in all weather conditions, including rain, snow, and ice. Standardized, well-balanced meals are provided. Students sleep on bunk beds in cabins shared with other students. Bathroom facilities are located in the living quarters. The students reside at ECOS Institute for three, four or five days. ECOS Institute employs medical staff on 24 hour call. Both prescription and nonprescription medication(s) may be administered by a nurse or other designated ECOS Institute staff. The parent/legal guardian will be notified immediately if a student becomes seriously ill or injured, and medical care will be given according to the parent/legal guardian's wishes. Arrangements will be made with the parent/legal guardian to transport the student to a medical facility, if necessary, or for the parent/legal guardian to pick up the student. **Access to a physician and/or hospital could be delayed in excess of one hour due to the remote location of the ECOS Institute site. Road closures due to adverse weather conditions could make access to a hospital facility difficult or impossible.**

A student with special needs is defined as one who may, due to a physical or emotional condition, require individualized care or medical attention. Examples include, but are not limited to: diabetics, mobility challenged students, students who regularly use a nebulizer, emotionally challenged students, and students with severe food allergies. Due to the environmental conditions, active learning, and social programs, a child with special needs may be required to be accompanied by an aide. Preferably an aide that has previously worked with the student. This requirement may apply to both mobile and non-mobile students. **The ECOS Institute administrator reserves the right to determine whether an aide will be required and whether it is safe for the student to attend ECOS Institute based on the weather and other conditions.**

The parent/legal guardian of a student with special needs is encouraged to visit the site his/her child will attend to inspect the site and obtain information regarding the outdoor school environment. **If your child is under the care of a physician, please have the physician sign below giving permission for your child to attend.** If your child requires a full-time aide at school, they will be required to have an aide for ECOS Institute. For more information or to arrange a visit, please call the ECOS office at 949-298-3267.

If you would like your child to participate in ECOS Institute, please read the following statements **carefully** and sign/date below.

- I give permission for my child, who has special needs as defined above, to participate in the activities at ECOS Institute on the above mentioned dates.
- I have been given the opportunity to inspect the site and know the risks and dangers at the site. I realize that unexpected weather conditions and unanticipated danger may arise during the week.
- I am aware of the unique nature of ECOS Institute and its activities; nonetheless, I, as parent/legal guardian of the above named student, unreservedly give my permission for him/her to participate in the program. I realize that such permission is a personal assumption of the known or unforeseen risks relating to the safety and well-being of my child.
- I have read, understood and completed this form. I agree to hold the ECOS Institute, its officers, agents, and employees harmless from any and all liability or claims of liability which may arise out of or in connection with my child's participation in ECOS Institute.

**Parent/Legal Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I, \_\_\_\_\_, am the physician for the student \_\_\_\_\_ and I have read and understand the unique nature of ECOS Institute and its activities. I give my permission for this student to participate in the ECOS Institute program.

**Physician's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Print/Type Physician's Name \_\_\_\_\_