



PLEASE READ & REVIEW CAREFULLY!

Medical History & Information Review at the High Mountain Institute

The High Mountain Institute (HMI) collects medical information to endeavor to provide more successful experiences and to assist in managing the risks faced by our students. HMI is an equal opportunity organization that strives to accommodate most medical conditions. HMI's programs vary greatly in environmental conditions, physical difficulty, and access to professional medical care. Please review the HMI Acknowledgment and Assumption of Risks & Release and Indemnity Agreement and specific program information regarding program details, activities and associated risks and your responsibilities. You may contact us if you or your physician have any questions about your (or your participating child's) ability to participate. HMI treats all personal medical information with some degree of confidentiality. Enrolled student medical information is shared with the faculty, apprentices and adjunct faculty who oversee the students on campus and in the field for a particular program. All students must be medically approved as part of the final acceptance into any program.

About Who Should Attend High Mountain Institute Programs

HMI programs are for motivated, energetic, and fundamentally healthy students. HMI does not provide programs for students to resolve or work on behavioral, emotional, or psychological problems. HMI cannot provide appropriate support for students attempting to quit tobacco use, drug use, or alcohol use, or to recover from prior substance abuse problems. Please note, that even if a student is accepted on an HMI program, the student and parent/s, in conjunction with their physician, should consider whether HMI activities are an appropriate match for the student.

Instructions for Completing Medical Forms

One or both of a student's parents or guardians (collectively referred to in this form as "parent/s") must complete HMI's Medical Forms. In the event that the student is 18 years of age or older, he/she may complete these forms him/herself (e.g. HMI Semester Apprentices.) Parent/s are encouraged to complete these forms with the student.

Note: In certain cases, HMI may require you to obtain an additional physical or consultation from your doctor prior to participation in the program, and provide HMI with appropriate documentation. HMI staff will review medical forms and contact parent/s when questions arise.

Tips for optimizing and streamlining the medical review process

Be Honest: HMI wants students to participate and we strive to accommodate most medical conditions. It is in everyone's best interest to disclose medical information upfront so HMI obtains accurate information and understands the student's medical or health issues.

Be thorough: Fill out the medical forms completely. Incomplete or blank answers will require HMI to contact you and may delay the enrollment process.

Please See the reverse side for information on how to submit completed forms and whom to contact at HMI with questions about the medical forms.



How to Submit Completed Forms & Whom to Contact with Questions

HMI Program Name	HMI Semester	Summer Term & High Peaks Adventure (HPA)	HMI Semester Apprentice Program	Other
Fax to:	719-486-8201 Attn: Sheri Cerise Administrative Assistant for the HMI Semester	719-486-8201 Attn: Christina Reiff Director of Summer Term & Adjunct Programs	719-486-8201 Attn: Carrie Mallozzi Apprentice Coordinator	719-486-8201 Attn: "Program Name – Med Form"
Scan & E-mail to:	Sheri Cerise Administrative Assistant for the HMI Semester scerise@hminet.org	Christina Reiff Director of Summer Term & Adjunct Programs creiff@hminet.org	Carrie Mallozzi Apprentice Coordinator cmallozzi@hminet.org	hmi@hminet.org
USPS Mailing Address:	High Mountain Institute Semester – Med Form P.O. Box 970 Leadville, CO 80461	High Mountain Institute Summer Term/HPA – Med Form P.O. Box 970 Leadville, CO 80461	High Mountain Institute App. Prog. – Med Form P.O. Box 970 Leadville, CO 80461	High Mountain Institute Program Name – Med Form P.O. Box 970 Leadville, CO 80461
Physical Address for FedEx or UPS:	High Mountain Institute Semester – Med Form 531 County Road 5A Leadville, CO 80461	High Mountain Institute Summer Term/HPA – Med Form 531 County Road 5A Leadville, CO 80461	High Mountain Institute App. Prog. – Med Form 531 County Road 5A Leadville, CO 80461	High Mountain Institute Program Name – Med Form 531 County Road 5A Leadville, CO 80461
Whom to contact if you have questions:	Sheri Cerise Administrative Assistant for the HMI Semester 719-486-8200x106 scerise@hminet.org	Christina Reiff Director of Summer Term & Adjunct Programs 719-486-8200x107 creiff@hminet.org	Carrie Mallozzi Apprentice Coordinator 719-486-8200x108 cmallozzi@hminet.org	Please call and ask 719-486-8200 hmi@hminet.org

THANK YOU! We are aware that careful and comprehensive completion of these forms is time consuming – we appreciate your efforts! Please do not hesitate to contact us with any questions, concerns, or suggestions.



TO BE COMPLETED BY PARENT(S)

STUDENT NAME HMI Program Today's Date

Student's DOB Age Gender

Mother/Guardian Contact Info

Father/2nd Guardian Contact Info

Table with 2 columns: Mother/Guardian Contact Info, Father/2nd Guardian Contact Info. Rows include Full Name, Day Phone, Eve Phone, Cell Phone, E-Mail.

GENERAL HEALTH QUESTIONS: Please read the items in each column carefully and respond to each item (YES, NO or N/A - not applicable) regarding any past or current medical issues or concerns regarding the condition/problem/illness/area listed:

Main table with columns for medical categories (Allergies, Attention Deficit Disorder, Medications, Mental Health Issues, Orthopedic Injuries) and response options (YES, NO, N/A). Includes instructions for 'CALL' items and a note about additional information for 'YES' answers.

For each "YES" item from the right hand column above, please fully explain the history, current status, and note the treating physician's name and #'s:

Blank lines for providing detailed explanations for 'YES' answers.

Please attach additional sheets as necessary



STUDENT NAME

HMI Program

Today's Date

Participation in Activities at the High Mountain Institute

"Where Nature and Minds Meet" is a motto we take seriously at the High Mountain Institute. All students can expect to be vigorously challenged in mental, physical, and social activities. Please review the list below and carefully consider if the student has the ability to participate fully. You should be aware that "average" students in "average" physical and mental condition have consistently been able to complete these activities without limitations. Please note that not all programs include all of the activities listed. For example, summer students will not be living in a snow shelter. Also note that this list is not exclusive, but is representative of some of the general activities in which participants will engage in. Please explain any limitations in detail below.

Activities

Typical/common activities required of all students for full participation in most HMI programs may include:

- Hike or ski 3-9 miles carrying 35-45% of body weight
Hike, climb and ski up and down steep terrain
Sustained walking, hiking, running, carrying, lifting
Perform manual labor - shoveling snow, splitting firewood, daily chores, and other manual labor
Live and travel in rugged terrain
Live, travel, work and study in temperatures from -20° to +85° F
Live, travel, work and study at altitudes from 5,000 to 14,435 feet above sea level
Live under tarps, in snow shelters, and in cabins with wood stoves for the duration of the program
Live and travel in remote settings 4-48 hours from advanced medical care
Engage in intellectually rigorous, age-appropriate academic classes, homework, and other studies
Participate in activities that require careful attention to detail for extended periods of time
Cook meals in the wilderness and in a commercial kitchen for self and others
Follow guidelines and rules independent of direct supervision
Swimming, wading, immersion in cold water (river crossings, etc.)
Participate in morning exercises, including running, walking, and field games
Be alone for reflective time in a wilderness setting for 2-36 hours
Participate fully in an intimate and intense small community environment

Considering the nature of the activities described above or otherwise, does the student have any condition/s (e.g. mental, physical, and/or emotional) that might affect his or her well-being, the well-being of others, or the student's ability to engage in HMI activities? Please describe:

Blank lines for describing conditions affecting participation.

Please attach additional sheets as necessary

Considering the activities described above or otherwise, are there any limitations on the student's ability to participate in HMI activities? If so, please describe (including any adaptations or modifications appropriate or necessary).

Blank lines for describing limitations on participation.

Please attach additional sheets as necessary



ATTACH Physical Form (Either HMI's or your Health Care Provider's) to this form for submission. Each student must have had a physical completed within 12 months of the start of his/her HMI program.

ATTENTION – SIGNATURE REQUIRED! One or both parent/s of the student, or the student, if an adult (those 18 years of age or older) must sign below for both the Acknowledgment/Agreement and Emergency Authorization:
ACKNOWLEDGMENT/AGREEMENT:

To the best of my knowledge, this medical form contains accurate information. I understand the nature of HMI activities, and acknowledge that I can contact HMI should I have any questions about these activities or the physical or emotional demands of these activities. Other than any limitations described in this form, the student agrees, and has permission from his or her parent/s if he or she is a minor, to participate in all HMI activities. I agree to contact HMI if any medical or health condition changes before the start of the HMI program. I understand that providing inaccurate medical or health information or falsifying medical or health information can create serious risks to the student or others, and/or can result in the student's dismissal from the program. I understand the student's ability to participate is contingent upon HMI representatives' review of all forms, including this one. I understand that although HMI will review this information and may allow participation, HMI cannot anticipate or eliminate risks or complications posed by a student's mental, physical, or emotional condition. I understand that emergency, medical, drug and/or health issues, response, assessment or treatment are included within the scope of – and expressly subject to the terms of – the HMI Acknowledgment and Assumption or Risks & Release and Indemnity Agreement. Please review that Document carefully in regard to the activities, risks and your responsibilities.

EMERGENCY AUTHORIZATION:

I authorize HMI staff, representatives or other medical personnel to obtain or provide medical care for me/my child, to transport me/my child to a medical facility, and/or to render treatment (including, but not limited to hospitalization, medications, injections, anesthesia, or surgery) they consider necessary for my/my child's health. I agree to the release (to or by HMI) of any records necessary for treatment, referral, billing, or insurance purposes. I agree that HMI has no responsibility for medical care provided to me/my child, and agree to pay all costs associated with such care. This form may be photocopied for use in the field.

Student Name (printed): _____ Student Signature: _____ Date: _____

Parent/Guardian Name (printed): _____ Parent/Guardian Signature: _____ Date: _____

2nd Parent/Guardian Name (printed): _____ 2nd Parent/Guardian Signature: _____ Date: _____



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Additional Medical History & Information Forms

Attached are a series of additional forms that you may or may not need:

Form Name	Complete this form if:
<input type="checkbox"/> Health Care Provider Physical Form	All students must have a physical completed within 12 months of the start date of their HMI Program . You may use this form or one provided by your health care provider. Use this form if it is convenient to do so.
<input type="checkbox"/> ALLERGY Form	Any student with any known allergies of any type must complete this form.
<input type="checkbox"/> ADD/ADHD Form	Any student with a past or current history of Attention Deficit Disorder and/or Attention Deficit and Hyperactivity Disorder must complete this form.
<input type="checkbox"/> MEDICATIONS Form	Any student who will be taking any medications while attending an HMI program must complete this form for each medication. This includes prescriptions, over-the-counter medications, daily supplements, herbal remedies, and any other medications the student will be bringing to HMI. Photocopy this form as needed for additional medications.
<input type="checkbox"/> MENTAL HEALTH Form	Any student with a past or current history of mental health issues must complete this form.
<input type="checkbox"/> ORTHOPEDIC Form	Any student with a non-resolved and/or ongoing orthopedic type injury of any type should complete this form. Additionally, any student with a history of serious orthopedic injury should complete this form.

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All students must have had a physical completed within 12 months of the start of the HMI program.

Please use the form below (or) use your health care provider's form for submission to HMI.

Note: For certain circumstances or issues, HMI may require additional visits to the doctor and/or direct consultation between the High Mountain Institute's physician advisor and the student's physician.

Medical Care Provider

HMI programs are for motivated, energetic, and fundamentally healthy students. HMI does not provide programs for students to resolve or work on behavioral, emotional, or psychological problems. HMI cannot provide appropriate support for students attempting to quit tobacco use, drug use, or alcohol use or to recover from prior substance abuse problems. Typical activities on an HMI program may include some or all of the following: Hike or ski 3-7 miles carrying 35-45% of body weight; Hike, climb and ski up and down steep terrain; Perform manual labor - shoveling snow, splitting firewood, daily chores, and other manual labor; Sustained walking, hiking, running, carrying, lifting; Live and travel in rugged terrain; Live, travel, work and study in temperatures from -20° to +85° F; Live, travel, work and study at altitudes from 5,000 to 14,435 feet above sea level; Live under tarps, in snow shelters, and in cabins with wood stoves for the duration of the program; Live and travel in remote settings 4-48 hours from advanced medical care; Engage in intellectually rigorous, age-appropriate academic classes, homework, and other studies; Participate in activities that require careful attention to detail for extended periods of time; Cook meals in the wilderness and in a commercial kitchen for self and others; Follow guidelines and rules independent of direct supervision; Swimming, wading, immersion in cold water (river crossings, etc.); Participate in morning exercises, including running, walking, and field games; Be alone for reflective time in a wilderness setting for 2-36 hours; and participate fully in an intimate and intense small community environment.

Table with 3 columns: Student Name, HMI Program, Examination Date, Heart Rate, Blood Pressure, Height, Weight, BMI, Date of Last Tetanus Inoculation. Includes a note: Students need Tetanus Inoculation w/in last 10 years. If outdated, then please administer today.

Known Allergies &/or Dietary Restrictions:

Student under the care of a physician for the following:

Recommendations and/or restrictions regarding participation in the HMI Program:

Treatment and medications to be continued at HMI for ongoing health issues and/or recent injuries/illness:

Form Continues on Reverse



Additional health care considerations for HMI:

I have examined the student named on this form and understand he/she is planning to attend HMI. I have reviewed all health and medical information supplied in this form for its accuracy. I understand the nature of the activities, as set forth above, and acknowledge that HMI representatives are available should I have further questions about the nature and/or physical or emotional demands of these activities. I understand that the student will be traveling in remote areas where medical care may be significantly delayed. Considering any restrictions stated above, the student can, in my opinion, fully participate in the HMI program. I am not related to the student.

Printed Name: _____ Title: _____ Date: _____

Signature X: _____ Clinic/Hospital Name & Address: _____

Phone: _____ Mobile/Pager: _____

E-mail: _____

Thank you for your time and effort in filling out this form. If you have any questions or comments please do not hesitate to contact us at: (719) 486-8200 or via e-mail at hmi@hminet.org.



If applicable, to be completed by parent/s and attached to the General Medical History & Information Form

STUDENT NAME

HMI Program

Today's Date

ALLERGY Related Medical History & Information Form

On the medical form, you listed that the HMI student has allergies. We ask a series of questions of any student who has allergies because we can accommodate many allergies when we have the proper information. Please complete the questionnaire below and return it to HMI as soon as possible. Responding as soon as possible and as thoroughly as possible will help us!

Allergy/Allergen:

Alternative/related/other names:

When diagnosed with this allergy:

How diagnosed to this allergen:

Symptoms during an allergic reaction (what happens?):

During a reaction: face swelling and/or difficulty breathing (anaphylactic reaction)? [] YES [] NO

Does the student take any medication for this allergy? (if yes be sure to complete the medications information form)? [] YES [] NO

Has the student ever been hospitalized for this particular allergy? [] YES [] NO (If YES, explain in detail on separate sheets as necessary)

Is the student on an allergy desentization program? [] YES [] NO (If YES, will this require treatments while at HMI and please explain in detail)

Does the student have and carry epinephrine for this allergy? [] YES [] NO (If YES, the student must bring two delivery devices to HMI)

Additional Information:

Allergy/Allergen:

Alternative/related/other names:

When diagnosed with this allergy:

How diagnosed to this allergen:

Symptoms during an allergic reaction (what happens?):

During a reaction: face swelling and/or difficulty breathing (anaphylactic reaction)? [] YES [] NO

Does the student take any medication for this allergy? (if yes be sure to complete the medications information form)? [] YES [] NO

Has the student ever been hospitalized for this particular allergy? [] YES [] NO (If YES, explain in detail on separate sheets as necessary)

Is the student on an allergy desentization program? [] YES [] NO (If YES, will this require treatments while at HMI and please explain in detail)

Does the student have and carry epinephrine for this allergy? [] YES [] NO (If YES, the student must bring two delivery devices to HMI)

Additional Information:

Allergy/Allergen:

Alternative/related/other names:

When diagnosed with this allergy:

How diagnosed to this allergen:

Symptoms during an allergic reaction (what happens?):

During a reaction: face swelling and/or difficulty breathing (anaphylactic reaction)? [] YES [] NO

Has the student ever been hospitalized for this particular allergy? [] YES [] NO (If YES, explain in detail on separate sheets as necessary)

Does the student take any medication for this allergy? (if yes be sure to complete the medications information form)? [] YES [] NO

Is the student on an allergy desentization program? [] YES [] NO (If YES, will this require treatments while at HMI and please explain in detail)

Does the student have and carry epinephrine for this allergy? [] YES [] NO (If YES, the student must bring two delivery devices to HMI)

Additional Information:

Please attach additional sheets as necessary

Thank you for completing this form, we appreciate your careful efforts. If you have any questions, please don't hesitate to contact us with questions.

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If applicable, to be completed by parent/sand attached to the General Medical History & Information Form

STUDENT NAME

HMI Program

Today's Date

ADD/ADHD Related Medical History & Information Form

On the medical form, you listed that the HMI student has been diagnosed with ADD/ADHD. We ask a series of questions of any student who has this condition because we can accommodate most cases of ADD/ADHD when we have the proper information. Please complete the questionnaire below and return it to HMI as soon as possible. Responding as soon as possible and as thoroughly as possible will help us!

Does the student have: Attention Deficit Disorder (ADD) Attention Deficit Hyperactivity Disorder (ADHD) Both ADD & ADHD

When was the ADD and/or ADHD diagnosed:

What behaviors led to the diagnosis:

During the last two years, has the student taken any medications for ADD/ADHD? YES NO

Is he/she currently taking any medications for ADD/ADHD? YES NO (If YES, please complete the Medications Form)

What happens if the student misses a dose?

Under the current treatment, how does the student's ADD/ADHD manifest itself?

Does the ADD/ADHD interfere with school or work? If so, how?

What, if any, are the prescribed accommodations for academic type school work? Homework? Testing? Please attach additional sheets as necessary.

For HMI summer programs (HMI Summer Term, High Peaks Adventure), does the student normally take the medication or plan to take the medication during the summer at HMI?

Treating Counselor/Therapist/ Physician's Name:

Treating Counselor/Therapist/ Physician's Phone:

Additional Information:

Please attach additional sheets as necessary

Thank you for completing this form, we appreciate your careful efforts. If you have any questions, please don't hesitate to contact us with questions.

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If applicable, to be completed by parent/s and attached to the General Medical History & Information Form

STUDENT NAME

HMI Program

Today's Date

MEDICATIONS Related Medical History & Information Form

As a way to better serve the needs of all HMI students, we ask, that in consultation with your family physician, you please complete the following questionnaire regarding the student's medications and return it to us. This questionnaire will be kept on file with the student's other medical information and be used as a resource for the HMI faculty and staff. If the student is taking more than one medication, please complete a separate form for each medication (copy this form as necessary). Please complete the following information (a complete sheet) for EACH medication the student will be bringing to HMI including prescriptions, over-the-counter medications, dietary supplements, herbal remedies, etc. Note: HMI has and provides regular over-the-counter medications for minor illness (headaches, cramps, cold & flu, sore throat, etc.) and asks that students do not bring them.

Medication Brand Name: Medication Generic/Chemical Name:

Reason for taking this medication:

Start Date using this medication: End Date (if known):

Regular Dose:

Frequency & Time of Dose(s):

Triggers (signs & symptoms) for dosing, if applicable (e.g. onset of shortness of breath):

This medication should be taken: [] with food [] with water [] on an empty stomach [] other:

Common Side Effects:

Uncommon Side Effects:

Harmful interactions (i.e. don't give with ibuprofen):

Indications or contraindications for use regarding: intensive sun exposure, altitude (5-14,000 ft.), rigorous exercise, cold exposure, heat exposure?

Missed dose procedure: [] Skip dose [] Take immediately [] Double dose at next scheduled time [] call physician [] other:

What happens if the student misses a dose?

Prescribing Physician's Name: Prescribing Physician's Phone:

Will the student come to HMI with sufficient supplies for the duration of their program? [] YES [] NO

If, NO, please elaborate on the plan to refill the prescription:

Are there any medication/s that the student is currently taking that they will not be taking during the HMI program? If so, please describe, noting the reason for medication termination.

Additional Information:

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If applicable, to be completed by parent/s and attached to the General Medical History & Information Form

STUDENT NAME

HMI Program

Today's Date

MENTAL HEALTH Related Medical History & Information Form

On your medical form, you noted past or present mental health issues. We ask a series of questions of any student who has a history of mental health issues because we can accommodate many issues when we have the proper information. Please complete the questionnaire below and return it to HMI as soon as possible. Responding as soon as possible and as thoroughly as possible will help us!

Does the HMI Student have: Depression Anxiety Disorder Addiction Other (explain):

When did symptoms first occur: _____ When was the above diagnosed: _____

What were the symptoms and/or behaviors: _____

Has the student seen a counselor or therapist in the last two years? _____

Is the student currently seeing a counselor or therapist? _____

Counselor/Therapist Name: _____ Counselor/Therapist Phone: _____

Under current treatment, how does the student's mental health issue manifest itself? _____

Does the mental health issue interfere with school and/or social interactions? If so, how? _____

Has the student ever had suicidal ideations or attempted suicide? YES NO If, YES, when? _____

During the last two years, has the student taken any medications for mental health issues? YES NO

Is the student currently taking any medications for mental health issues? YES NO (If YES, please complete the medications information form)

For stress related issues and/or mental health issues exacerbated by stress: _____

Making new friends & learning to function in a group can be stressful. With that in mind: What triggers stress for the student? _____

What can we do at HMI to help minimize stressful situation which may arise during the program? _____

Has the student ever been hospitalized for psychiatric illness? YES NO If yes, please explain when, for how long, and why. Be specific. _____

Additional Information: _____

Thank you for completing this form, we appreciate your careful efforts. If you have any questions, see page 1 for whom to call. Please don't hesitate to contact us with questions.

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If applicable, to be completed by parent/s and attached to the General Medical History & Information Form

STUDENT NAME

HMI Program

Today's Date

ORTHOPEDIC Related Medical History & Information Form

On your medical form, you listed a history of orthopedic and/or athletic type injuries. We ask a series of questions of any student who has a past injury because we can accommodate many injuries when we have the proper information. Please complete the questionnaire below and return it to HMI as soon as possible. Responding as soon as possible and as thoroughly as possible will help us! Attach additional pages as necessary.

Injury: When:

How was the injury treated?

Did the student have physical therapy? YES NO If, YES, for how long and when:

Does the student still have pain as a result of this injury? YES NO

If YES, what causes the pain and for how long?

Does the student still have loss of function or disability as a result of this injury? YES NO

If YES, describe the disability, be specific.

Which description best describes the student's current condition: no longer a concern stable improving worsening

Since this injury, has the student played sports, carried a backpack, run or hiked for regular intervals? Be specific.

Is the student currently taking any medications for the above injury? YES NO (If YES, please complete the medications information form)

Do you anticipate the student being limited in his/her ability to participate in a physically demanding program? YES NO

If "YES", for what activities, and for how long?

If the injury occurred recently (within the last 6 months) or is persistent, please have the treating physician acknowledge that participation in an HMI program will not cause further damage or harm - have him/her review the activities on page 4 and note this on the medical form.

Injury: When:

How was the injury treated?

Did the student have physical therapy? YES NO If, YES, for how long and when:

Does the student still have pain as a result of this injury? YES NO

If YES, what causes the pain and for how long?

Does the student still have loss of function or disability as a result of this injury? YES NO

If YES, describe the disability, be specific.

Which description best describes the student's current condition: no longer a concern stable improving worsening

Since this injury, has the student played sports, carried a backpack, run or hiked for regular intervals? Be specific.

Is the student currently taking any medications for the above injury? YES NO (If YES, please complete the medications information form)

Do you anticipate the student being limited in his/her ability to participate in a physically demanding program? YES NO

If "YES", for what activities, and for how long?

If the injury occurred recently (within the last 6 months) or is persistent, please have the treating physician acknowledge that participation in an HMI program will not cause further damage or harm - have him/her review the activities on page 4 and note this on the medical form.

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