





**Shadow Mountain Medical Release Continued:**

Please provide the following information about the patient listed above.

Current Medical Condition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Diagnosis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_  
\_\_\_\_\_

Allergies to Medications: \_\_\_\_\_  
\_\_\_\_\_

**Current Medications Prescribed:**

Medication	Dosage / Time Taken	Prescribed For
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

**Other Medications in the Past Year :**

Medication	Dosage / Time Taken	Prescribed For
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

**Summary of Intended Future Treatment, Duration, Recommendations:**

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

\_\_\_\_\_  
Prescribing Doctor Signature

\_\_\_\_\_  
Date





# SHADOW MOUNTAIN

## Physical Fitness / Activities Release

The Applicant/Parent agree that the Shadow Mountain curriculum offers various physical and recreational activities, educational and vocational components on and off campus as part of the program. Certain activities may also be somewhat strenuous and carry with them inherent risk of injury. Students will be encouraged to participate in all activities and do so at their own risk.

The Applicant/Parent hereby consents to the Applicant's participation in all activities and programs conducted by Shadow Mountain, and releases Shadow Mountain Academy, LLC., its agents, employees and officers, from all claims, demands, action, judgments and executions which the undersigned may have against Shadow Mountain for all personal injuries, known or unknown, and injuries to property, personal or real, caused by or arising out of the Applicant's participation in the related activities and programs. This release and discharge further extends to any injury caused as a result of the Applicant's decisions or actions, made while enrolled as a client or not.

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Applicant Signature

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Date

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Parent Signature

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Date