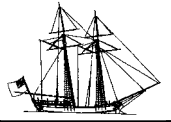




SULTANA PROJECTS, INC.

105 South Cross Street • P.O. Box 524 • Chestertown, MD 21620 • PH 410-778-5954 • FAX 410-778-4531



MEDICAL AND GENERAL RELEASE FORM

NAME OF CHILD: _____

DATE/S OF TRIP: _____

Name of parent or guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Father's employer: _____ Phone: _____

Mother's employer: _____ Phone: _____

Emergency contact other than parent: _____ Phone: _____

HEALTH HISTORY - TO BE FILLED OUT BY A LICENSED PHYSICIAN

Name of physician _____

Address _____

City _____ State _____ Zip _____

Child's Height _____ Weight _____ Eye color _____ Hair color _____

Please note if this child has experienced any of the following conditions:

a. Recent surgery or illness _____ Date: _____

b. Recent broken bones or sprains _____ Date: _____

c. Asthma _____

d. Heart condition _____

e. Known allergy to medication _____

f. Known food allergies _____

f. Bee sting allergy _____ Level of severity _____

Will this child be bringing an EpiPen aboard Sultana? _____

g. Other childhood diseases _____

Has this child been exposed to a communicable disease in the past 24 hours? _____

If yes, which disease? _____

May this child take Tylenol if needed? _____ Appropriate dosage: _____

May this child take Benadryl if needed? _____ Appropriate dosage: _____

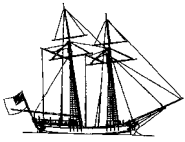
Is this child bringing medication aboard Sultana? _____

If so, please fill out the second page of this document entitled "Instructions for Medication".

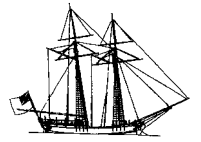
Please state any other physical limitations that may inhibit this child's ability to participate fully in Sultana's educational programs: _____

Physician's Signature

Date



Instructions for Medication



THE TOP PORTION OF THIS FORM MUST BE FILLED OUT BY A PHYSICIAN

Nature of condition requiring medication: _____

Name of Medication	Dosage	Time/s of Dosage

Physician's Signature: _____

IMPORTANT NOTE: All medications must be brought in their ORIGINAL CONTAINERS, not as individual pills.

**MEDICAL INSURANCE INFORMATION -
TO BE FILLED OUT BY THE CHILD'S PARENT/GUARDIAN**

Company name: _____

Agent: _____ Policy Number: _____

This health history is correct to the best of my knowledge, and my child has permission to engage in all educational activities on Sultana unless otherwise noted. I understand that there are inherent risks involved in any outdoor camping program. In case of a serious emergency, it may be necessary for a physician to attend to your child before Sultana Projects, Inc. can contact you or your designated physician. Such care can be given only with your authorization for medical treatment. Please sign below to authorize.

I hereby give permission to the physician selected by Sultana Projects, Inc. to hospitalize and secure proper treatment for my child.

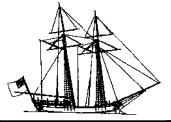
Signature: _____ **Date:** _____

Relationship to child: _____



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MEDICAL AND GENERAL RELEASE FORM

In consideration of SULTANA PROJECTS, INC. allowing me to sail aboard Sultana, I agree to release and discharge SULTANA PROJECTS, INC., its employees and agents from any injuries sustained by me as a result of my participation. I agree to indemnify and hold harmless SULTANA PROJECTS, INC., its employees and agents against any liability incurred as a result of such injury or loss. However, I shall have no obligation to indemnify SULTANA PROJECTS, INC. with respect to any injury or loss resulting from, arising out of, or caused by negligence on the part of SULTANA PROJECTS, INC.

(Participant Signature)

(Parent Signature - if participant is under 18)

PERMISSION SLIP

I hereby give permission for (applicant's name) _____ to participate in this five day, four night live aboard program aboard the 1768 schooner Sultana. I understand that he/she will be directly involved with sailing, navigating, and steering the ship under the direct supervision of Sultana's professionally trained crew members. I also understand that during the course of this trip Sultana will be sailing throughout the middle and upper Chesapeake Bay and may occasionally continue sailing during the night.

Signature of Parent or Guardian

Date

Name of Parent or Guardian (please print)

Relationship (parent/guardian)

Please return this permission slip and completed medical and general release forms to:

Chris Cerino
Vice President
Sultana Projects, Inc.
P.O. Box 524
Chestertown, MD 21620

If you have any questions about this program please don't hesitate to contact us at 410-778-5954 or ccerino@sultanaprojects.org.