

**ADAMS 12 Five Star Schools  
OUTDOOR EDUCATION RESIDENT PROGRAM**

**EMERGENCY INFORMATION  
AND  
MEDICAL PERMISSION FORM**

MIDDLE SCHOOL: _____
CORE/DATES: _____/_____
O.E. SITE: (CIRCLE ONE) HIGH PEAK / YMCA

Please complete all the information on the front and back of this form.

STUDENT: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Ht. \_\_\_\_\_ Wt. \_\_\_\_\_

PARENT OR LEGAL GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(No.) (Street) (Apt. #) (City) (Zip)

PHONE NO: MOTHER: \_\_\_\_\_ FATHER: \_\_\_\_\_  
(Daytime) (Evening) (Daytime) (Evening)

CHILD LIVING WITH: \_\_\_\_\_

EMERGENCY CONTACT (if parents can't be reached): \_\_\_\_\_ PHONE: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

INSURANCE INFORMATION: \_\_\_\_\_  
(Name of Company) (Address)

(Group Number)

(Policy Number)

INSURANCE COVERAGE: Please be aware that Adams 12 Five Star School District, High Peak Camp, or the YMCA of the Rockies does not provide any medical insurance coverage for student accidents or illness while at Outdoor Education. We strongly recommend that all families arrange for adequate medical insurance coverage for their child. If medical insurance is not provided, parents will be responsible for any medical expenses should their child require medical attention at Outdoor Education.

Should a family not have a medical insurance plan, a student medical/accident insurance policy can be purchased at your school at the beginning of, or during, the school year. The policy covers students for medical care during school hours and will sufficiently cover your student while at the Resident Program.

**PERMISSION FOR EMERGENCY CARE AND/OR TRANSPORTATION HOME**

I understand that if my child requires a physician's attention, I will be contacted first. If I am unavailable, the physicians in Estes Park will attend to my child's medical needs. I hereby authorize these physicians to perform any medical treatment deemed necessary for my child.

I also agree to provide transportation home for my child in the event of a medical emergency or for disciplinary reasons.

SIGNATURE: \_\_\_\_\_ (Parent or Legal Guardian) (Date)

*(Please complete the back of this form.)*

PLEASE COMPLETE THE FOLLOWING INFORMATION AS THOROUGHLY AS YOU CAN. THIS WILL ENABLE THE NURSE AND STAFF OF THE OUTDOOR EDUCATION PROGRAM TO BETTER ADMINISTER TO YOUR STUDENT'S NEEDS.

I. My child is allergic to the following:

Medication: \_\_\_\_\_

Foods: \_\_\_\_\_ Environmental factors: \_\_\_\_\_

II. Date of last tetanus booster: \_\_\_\_\_

III. Please check any condition that applies to this child. (This information will be held in confidence.)

ASTHMA	_____	PHYSICAL LIMITATIONS	_____
BOWEL IRREGULARITIES	_____	RECENT ILLNESS OR INJURY	_____
DIABETES	_____	SEIZURE DISORDER	_____
ENURESIS	_____	SLEEPWALKING	_____
HISTORY OF HOME SICKNESS	_____	SPECIAL DIETARY NEEDS	_____
HEART CONDITION	_____	OTHER	_____

Please provide pertinent information regarding your child that will make his/her stay at Outdoor Education a pleasant one. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IV. In the event of illness or injury the following medications may be administered if necessary to relieve minor pain and discomfort.

**Please DRAW A LINE through the medication you DO NOT want given to your child.**  
Medications listed will be given only with parent permission. (signature required below)

ADVIL	ROBITUSSION DM COUGH SYRUP
ANTIBIOTIC CREAM	TUMS
BENADRYL	TYLENOL
COUGH DROPS	

Please list any medication you expect to send with your child: \_\_\_\_\_  
\_\_\_\_\_

**If you intend to send medication, provide a list of medications on the pink medical form along with your physician's signature. Medications must be in the original container.**

SIGNATURE: \_\_\_\_\_  
(Parent or Legal Guardian) (Date)

<p><b>FOR NURSE'S USE ONLY:</b></p> <p>Nurse Notes: _____ _____ _____</p>
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