



Adult Release and Medical Information Form



PLEASE PRINT IN INK

School Name:	Date of Attendance:	Group #:
Name:	Date of Birth:	
Physician (if applicable):	Physician's Contact Number:	
Insurance Company (if applicable):	Policy #:	
Attaching a copy of your insurance card is recommended but not required.		

In case of emergency, please contact:

1) Name:	Relation:
Home Phone:	Work Phone:
2) Name:	Relation:
Home Phone:	Work Phone:

Do you take any prescription medications that we should be aware of?

Medication:	Dosage:	Frequency:

Do you have a condition or illness such as diabetes, asthma, allergies (food, bee stings, etc.) or other, which we should be aware of? If so, please explain (use the back of this form if necessary):

If necessary, should First Aid be given? Yes _____ No _____

What is the approximate date of your last Tetanus Shot? ___/___/___ (Not required)

I hereby authorize Coloma Outdoor Discovery School to provide medical, nursing or surgical care, including care rendered through the nearest physician or hospital for any emergency which may arise while I am in attendance at the Coloma Outdoor Discovery School. I will assume full financial responsibility for all medical, nursing, or surgical care, including transportation.

Signature _____ Date: _____

If you have not authorized medical treatment by your signature on the above line, please state your reasons and sign below:

Signature _____ Date: _____

Turn over to complete →

VIDEO/PHOTO RELEASE: I (Name of parent) _____
 give permission for Coloma Outdoor Discovery School to include video footage or photos of me in their informational and promotional materials.

Signature: _____ Date: _____

If participating in the Ropes Challenge Course, please read and sign below:

INFORMED CONSENT

RISKS	PREVENTION
Getting hit by a falling object.	Be alert. Look up before walking near or under course. Wear your helmet at all times!
Hair, clothing or jewelry getting caught in pulleys or other parts of the Challenge Course.	Tie long hair back. Remove rings, dangling earrings, watches, etc. and wear proper clothing.
Injuries or discomfort caused by improper use of harness.	Have harnesses checked by two different staff members.
Scrapes, cuts, and/or splinters.	Climb within abilities. Wear proper clothing.
Serious injury and/or death.	Wear proper safety gear. Make sure belayer is ready before you climb.
Bee Sting	Remain calm, listen and follow CODS' staff directions when near honey bee hives or any type of stinging insect.

I, _____, have read the above and fully understand the rigorous nature of the Challenge Course experience and the risks associated with it. I also realize that additional risks and/or dangers not outlined above may exist.

Signature: _____ Date: _____