

# Student Release & Medical Information Form



Group #: \_\_\_\_\_

**PLEASE PRINT IN INK:** Attach additional sheets if necessary.

**\*Information on this form will be shared with chaperones from your community tasked with keeping your child safe.**

|                    |                                    |                |
|--------------------|------------------------------------|----------------|
| Student's Name:    | Male / Female / Preferred Pronoun: | Date of Birth: |
| School Name:       | Teacher:                           |                |
| Home Address:      | City:                              | Zip:           |
| Family Physician:  | Physician Phone:                   |                |
| Insurance Company: | Insurance Co. Policy #:            |                |

*\*Attaching a copy of your insurance card is recommended but not required.*

| SPECIAL NEEDS:                         | YES | NO | Frequency and/or severity | SPECIAL NEEDS:      | YES | NO | Frequency and/or severity |
|--|-----|----|---------------------------|---------------------|-----|----|---------------------------|
| Allergies                              |     |    |                           | Head lice (recent)  |     |    |                           |
| Asthma                                 |     |    |                           | Nose bleeds         |     |    |                           |
| Bedwetting                             |     |    |                           | Physical disability |     |    |                           |
| Behavioral/ Cognitive                  |     |    |                           | Seizures            |     |    |                           |
| Under Dr. care/ recent hospitalization |     |    |                           | Sleepwalking        |     |    |                           |
| Diabetes                               |     |    |                           | Stomach aches       |     |    |                           |
| English Lang. Learner                  |     |    |                           | Vegetarian/Vegan    |     |    |                           |
| Headaches                              |     |    |                           | Visually impaired   |     |    |                           |
| Heart Defect/Disease                   |     |    |                           | Other:              |     |    |                           |
| Hearing impaired                       |     |    |                           | Other:              |     |    |                           |

Please explain any items checked above (Attach additional sheet if necessary): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If necessary, should first aid be given? Yes \_\_\_\_\_ No \_\_\_\_\_ Date of last Tetanus shot \_\_\_\_/\_\_\_\_/\_\_\_\_ (optional)

**PARENT/GUARDIAN RELEASE**

(Student's Name) \_\_\_\_\_ has my permission to attend the Coloma Outdoor Discovery School (CODS) as a school sponsored event. I understand that this is an outdoor experience where insects that bite and sting such as ticks, mosquitos, wasps and honey bees are present. I recognize that in accordance with the California Department of Education's Code of Regulations, designated trained personnel from my child's school will be administering any medications described in the Physician's Statement. The designated trained personnel may communicate with the physician with regard to this medication. For the best interest of my child, a copy of this Medical Information and Release Form will be provided to his/her assigned parent chaperone, and relevant information will be communicated to CODS staff on a need to know basis, ensuring strict confidentiality of any sensitive information.

(Student's Name) \_\_\_\_\_ is in good health, however, in case of a medical or surgical emergency, I hereby authorize the physician selected by CODS to secure all proper and required treatment for my child. I also understand that a classroom teacher may authorize consent to treat my child if I am not present nor can be contacted. All expenses for treating my child shall be paid for by a parent or guardian.

*If it is deemed that my son/daughter must be removed from the school for illness or disciplinary reasons, I understand that it is my responsibility to arrange immediate transportation home for him/her.*

★ Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return to classroom teacher two weeks prior to trip.**

**VIDEO/PHOTO RELEASE**

I (Name of parent) \_\_\_\_\_ give permission for video footage or photos of (full legal name of child) \_\_\_\_\_ to be included in Coloma Outdoor Discovery School's informational and promotional materials.

★ Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EMERGENCY CONTACTS:**

|  |           |          |          |
|--|-----------|----------|----------|
| Parent/guardian:   | Relation: | Phone 1: | Phone 2: |
| Parent/guardian:   | Relation: | Phone 1: | Phone 2: |
| If a parent/guardian cannot be contacted in case of emergency, please contact: |           |          |          |
| Name:  | Relation: | Phone 1: | Phone 2: |
| Name:  | Relation: | Phone 1: | Phone 2: |

**CHILD RELEASE AUTHORIZATION:** List everyone authorized to pick up child, including parents:

|       |               |        |
|-------|---------------|--------|
| Name: | Relationship: | Phone: |
|       |               |        |
|       |               |        |
|       |               |        |

**PRESCRIPTION AND OVER-THE-COUNTER (OTC) MEDICATIONS:**

Medications, including OTC medications, can only be administered by designated trained personnel from your child's school, provided that this form is signed by an authorized health care provider AND a parent or guardian. Note: If you have been selected to attend CODS as a Chaperone, and your child requires medication, a physician's signature is not needed if you will be administering your child's medication. OTC medications include, but are not limited to: vitamins, allergy remedies (Benadryl, etc.), antiseptic and/or topical ointments, cold remedies, insect bite remedies, aspirin, non-aspirin substitutes, and poison oak remedies—CODS does not stock OTC meds. Prescription and OTC medications must be packaged individually in pharmacy-prepared containers (with only the amount to be administered) and given directly to school personnel. Medication labels must include:

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>▪ Student's name</li> <li>▪ Authorized health care provider</li> <li>▪ Name of medication</li> </ul> | <ul style="list-style-type: none"> <li>▪ Dose of medication</li> <li>▪ Method of administration</li> <li>▪ Time of administration</li> </ul> |
|---|--|

**PHYSICIAN'S STATEMENT OF REQUIRED MEDICATION:**

Please attach additional sheet(s) as necessary.

\_\_\_\_\_ should be given the following medication as designated below:  
 Student's name

| Prescription Medication: | Dosage: | Method of administration: | Time of administration: | Special instructions and/or precautions: |
|--------------------------|---------|---------------------------|-------------------------|--|
|                          |         |                           |                         |  |
|                          |         |                           |                         |  |
|                          |         |                           |                         |  |

**OTC Medication:** list allergy remedies, antiseptic and/or topical ointments, cold remedies, insect bite remedies, aspirin, poison oak remedies, etc.

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

- Please allow \_\_\_\_\_ to keep an inhaler with him/her at all times. He/she is competent to safely self-administer medication.
- Please allow \_\_\_\_\_ to keep an epi-pen with him/her at all times. He/she is competent to safely self-administer

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Place office stamp here.**



# High Ropes Challenge Course Release Form

***This page to be filled out if your Student is participating in the High Ropes Challenge Course***

**PLEASE NOTE:**

Because of the rigorous nature of the Challenge Course, only individuals willing to take on "physical challenge" should participate. Individuals with one or more of the following restrictions are not recommended to participate.

Restrictions include, but are not limited to: heart condition, bypass surgery, back injuries, broken bones, and weight (300+ lbs.) or age limitations (under age 8, over age 70).

| RISKS   | PREVENTION  |
|---|---|
| <i>Boat Building Challenge Only:</i><br>Sinking into water up to 8 feet deep.               | Have a staff member check to be sure life jacket is properly secured before entering your cardboard boat.       |
| Bee Sting   | Remain calm, listen and follow CODS' staff directions when near honey bee hives or any type of stinging insect. |
| 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.   |

**PARENT/GUARDIAN RELEASE**

I, \_\_\_\_\_ (*Parent/Guardian's name if participant is under 18 years of age*), 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.

(Participant's Name) \_\_\_\_\_ has my permission to participate in the Coloma Outdoor Discovery School High Ropes Challenge Course.

★ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(*Parent/Guardian if participant is under 18 years of age*)

***Please return to classroom teacher two weeks prior to trip.***