



COLOMA OUTDOOR DISCOVERY SCHOOL
Medical Information and Release Form

Group #: _____

PLEASE PRINT IN INK:

Participant's Name:	Boy / Girl (<i>circle</i>)	Date of Birth:
School/Organization Name:	Teacher:	
Home Address:	City:	Zip:
Family Physician:	Physician Phone:	
*Attaching a copy of your insurance card is recommended but not required.		
Insurance Company:	Insurance Co. Policy #:	

If necessary, should first aid be given? Yes _____ No _____ Date of last Tetanus shot ____/____/____

PARENT/GUARDIAN RELEASE

RISKS	PREVENTION
<i>Boat Building Challenge Only:</i> 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.
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.

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 attend the Coloma Institute as a school sponsored event. 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 counselor, and relevant information will be communicated to Institute staff on a need to know basis, ensuring strict confidentiality of any sensitive information.

(Participant'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.

★ Signature: _____ Date: _____
 (*Parent/Guardian if participant is under 18 years of age*)

Please complete & return to group coordinator two weeks prior to trip.

EMERGENCY CONTACTS:

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

Name:	Relation:	Phone 1:	Phone 2:
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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 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—Coloma Institute 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:

- Student's name
- Authorized health care provider
- Name of medication
- Dose of medication
- Method of administration
- Time of administration

PHYSICIAN'S STATEMENT OF REQUIRED MEDICATION:

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

Please attach additional sheet(s) as necessary.

<i>Prescription Medication:</i>	Dosage:	Method of administration:	Time of administration:	Special instructions and/or precautions:
<i>OTC Medication:</i> 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 medication.

Physician Name: _____	Phone: _____
Physician Signature: _____	Date: _____
Place office stamp here.	