

School or Group Name _____ Program Dates _____

To the parent or legal guardian of the student participating in Cal-Wood's School Program:

For your child to participate, the Colorado Department of Social Services requires that the following medical form be completed and signed by the appropriate persons. Feel free to attach additional sheets to this form to elaborate on any conditions. Thank you for your cooperation!

STUDENT INFORMATION

Name: _____ Birth date: ____/____/____ Gender: Male Female Other

HOME CONTACT INFORMATION

Name of parent(s) or legal guardian: _____

Home address: _____

City, State, Zip code: _____ Phone: _____

Email address: _____ Additional phone number: _____

ADDITIONAL EMERGENCY CONTACT INFORMATION

Name of emergency contact: _____ Relationship: _____

Home address: _____ Phone: _____

Email address: _____ Additional phone number: _____

Is this person authorized to pick up student from Cal-Wood in case of an emergency? Yes No

MEDICAL INFORMATION

Primary Physician _____ Phone _____

Address _____

Health Insurance Company _____ Policy # _____

A. **MEDICAL HISTORY:** Describe and provide dates for any known medical history of which Cal-Wood should be aware. (asthma, diabetes, seizures, heart disease, physical injuries, bleeding/clotting disorders, psychiatric treatment, sleep disorders)

B. **ALLERGIES:** List any known source of allergy for the student, including environmental allergies and drugs/medications. (insect stings or bites, penicillin, hay fever, iodine, dogs/cats, diphenhydramine)

C. **FOOD ALLERGIES / DIETS:** List any known food allergies or restricted diets that the student must follow at Cal-Wood. (peanuts, tree nuts, shellfish, dairy, etc. / vegetarian, vegan, celiac, no pork, kosher, etc.)

* Cal-Wood aims to accommodate different dietary needs, but some restricted diets may require students to supply their own food. *

D. **MEDICATIONS:** List all medications, their dosage, and their purpose that the student will need to take while at Cal-Wood.

* All medications (including over-the-counter) need to have a doctor's order and be cleared through school policy. *

E. **PHYSICAL LIMITATIONS:** List any physical activity from which the student needs to be excused and for what reason. (ex.: jumping - injured knee, running - severe asthma, climbing - shoulder surgery, etc.)

STUDENT INFORMATIONName: _____ Birth date: ____/____/____ Gender: Male Female Other**Liability Waiver, Media and Medical Release**

I understand the nature of Cal-Wood programs and recognize that there are inherent risks in such outdoor activities. Further, I release Cal-Wood and the Pilot Trust*, and all members of their staffs, individually and collectively, from any liability or obligation for any such medical or other health care expenses and do hereby agree to hold Cal-Wood/Pilot Trust and all members of their staffs harmless from any claim, demand, or expense, including attorney fees, arising out of any injury, illness or other disorder of any kind, which may be suffered by the participant as a result of attendance at Cal-Wood School Program. * Note: Pilot Trust is the property owner.

I assume full responsibility for the information given about my child's health and will be responsible for any decisions made regarding participation in activities of Cal-Wood school programs. I understand the nature of Cal-Wood school programs and recognize that there are inherent risks in such outdoor activities. I will notify Cal-Wood of any changes in my child's health status should they arise after this.

I give permission to Cal-Wood staff to call a doctor or emergency medical service and for the doctor, hospital, or medical service to provide emergency medical or surgical care for my child should an emergency arise. It is understood that the school staff or Cal-Wood staff will make a conscientious effort to locate the emergency contacts listed on the front of this form before any actions will be taken. If it is not possible to locate the emergency contacts listed, I will accept the decisions made concerning medical treatment.

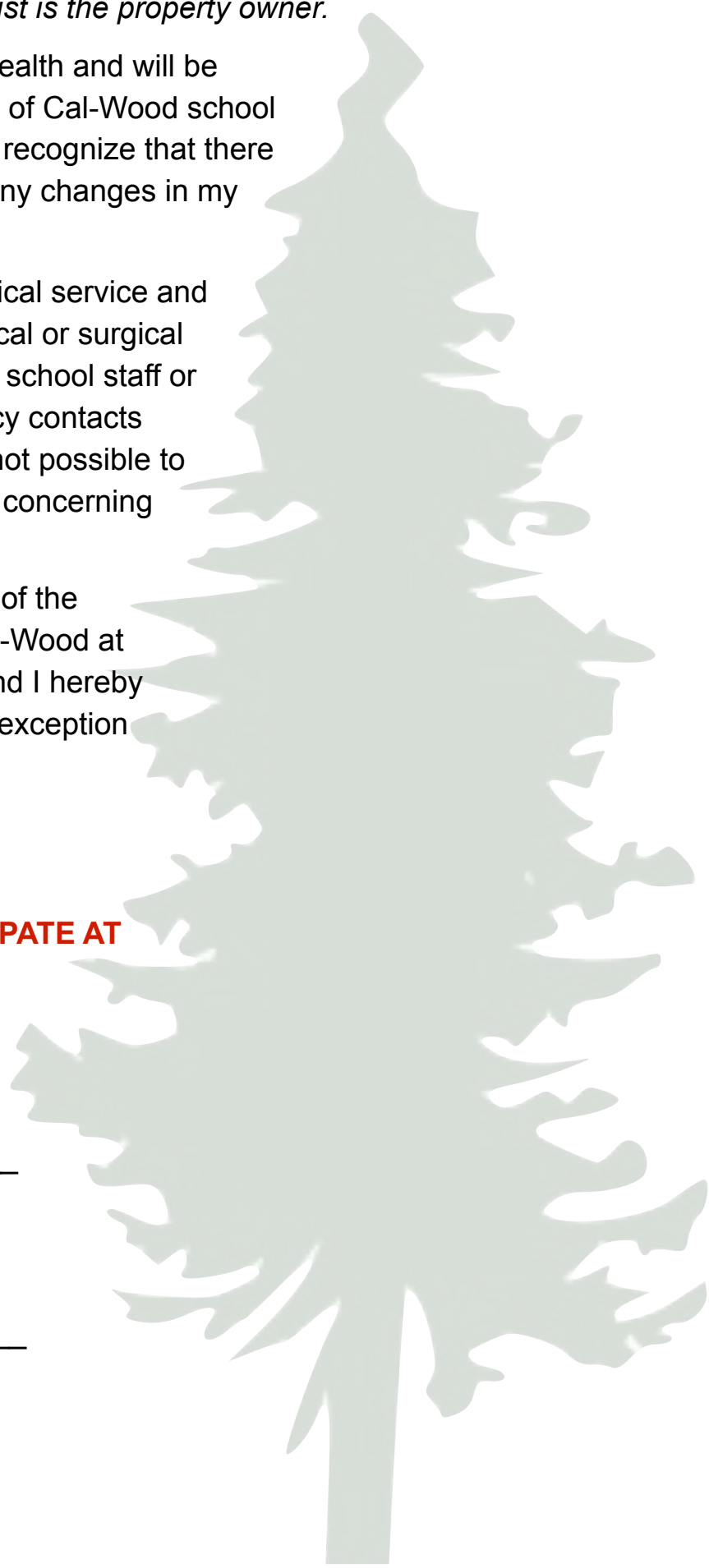
I agree that any photographs or evaluations* taken by Cal-Wood staff of the participant shall be the property of Cal-Wood and may be used by Cal-Wood at its discretion for any publicity, marketing, and advertising purposes, and I hereby consent to and authorize such use without restriction. If you need an exception made to this media release only, please let us know in writing: programs@calwood.org.

THIS FORM MUST BE SIGNED FOR YOUR STUDENT TO PARTICIPATE AT CAL-WOOD!

Parent or legal guardian signature

Date

Print name and relationship to participant





Adult Chaperone Registration & Medical Form

School or Group Name _____ Program Dates _____

CHAPERONE INFORMATION

Name: _____ Birth date: ____/____/____ Gender: Male Female Other

HOME CONTACT INFORMATION

Home address: _____

City, State, Zip: _____ Cell phone: _____

Email address: _____ Additional phone number: _____

ADDITIONAL EMERGENCY CONTACT INFORMATION

Name of emergency contact: _____ Relationship: _____

Home address, City, State, Zip: _____

Phone: _____ Additional phone number: _____

Email address: _____

MEDICAL INFORMATION

Primary Physician: _____ Phone: _____

Address: _____

Health Insurance Company: _____ Policy #: _____

A. **MEDICAL HISTORY:** Describe and provide dates for any known medical history of which Cal-Wood should be aware.
(asthma, diabetes, seizures, heart disease, physical injuries, bleeding/clotting disorders, psychiatric treatment, sleep disorders)

B. **ALLERGIES:** List any known source of allergies, including environmental allergies and drugs/medications.
(insect stings or bites, penicillin, hay fever, iodine, dogs/cats, diphenhydramine)

C. **FOOD ALLERGIES / DIETS:** List any known food allergies or restricted diets that you must follow at Cal-Wood.
(peanuts, tree nuts, shellfish, dairy, etc. / vegetarian, vegan, celiac, no pork, kosher, etc.)

*** Cal-Wood aims to accommodate different dietary needs, but strongly restricted diets may require students to supply their own food. ***

D. **MEDICATIONS:** List all medications, their dosage, and their purpose that will need to be taken while at Cal-Wood.

E. **PHYSICAL LIMITATIONS:** List any physical activity from which you need to be excused and for what reason.
(ex.: jumping - injured knee, running - severe asthma, climbing - shoulder surgery, etc.)



Adult Chaperone Registration & Medical Form

CHAPERONE INFORMATION

Name: _____ Birth date: ____/____/____ Gender: Male Female Other

ADULT CHAPERONE RESPONSIBILITIES:

Please read and initial the following responsibilities agreeing that you are capable and willing to complete each of these tasks. Please contact the Lead Teacher as soon as possible if you are unable or unwilling to perform any of these duties.

- ____ A. I will be at Cal-Wood for the duration of the program.
- ____ B. I understand that I am a volunteer and will actively participate and be available as needed.
- ____ C. I understand that there is no compensation for my participation in this program.

Understanding of Program and My Role as a Chaperone

I have read the information above and I understand the information concerning my role as adult supervisor for the visiting school. I am aware that I will be needed to supervise students. Furthermore, I declare that I do not have any history of child abuse (physical or emotional) and I will be a positive role model to all students during the Cal-Wood school program.

Signature

Date

Authorization for Medical Treatment

I assume full responsibility for the information provided about my health. I give permission to Cal-Wood staff to call a doctor or emergency medical service and for the doctor, hospital, or medical service to provide emergency medical or surgical care should an emergency arise. It is understood that Cal-Wood staff will make a conscientious effort to locate the emergency contacts listed on this form before any actions will be taken and I will accept the expense of emergency treatment

Signature

Date

Photograph Authorization

I agree that any photographs taken by Cal-Wood staff of the participant shall be the property of Cal-Wood and may be used by Cal-Wood at its discretion for any publicity, marketing, evaluation, and advertising purposes, and I hereby consent to and authorize such use without restriction.

Signature

Date