

## **Health and release form instructions**

*Dear Parents/Participants*

Please fill out the following form in its entirety. Please especially note the following points:

- There **MUST** be a parent's signature on the release form in order for your child to participate in activities.
- Prescription medications, over-the-counter medications, and vitamins must be in their original containers, or we **CANNOT** administer them.
- In order to administer any medications we must have a physician's signature on this form.
- Your child must have had a • physical within the last 24 months.



**For more information on how to fill out this form, see below.**

Thank you!

Colorado Outdoor Learning School Health Officer

1. Colorado law requires that your child has had a physical within 24 months of start date of the camp they are attending. When your child has their physical done, please bring this form with you for the physician to fill out. A physical done for another reason (such as school sports) can also be used. An exemption if you object for religious or personal reasons.
2. If you are over 18 years of age you are not required to get a physical prior to camp, but we **HIGHLY** recommend it if you have not seen a physician within the last year. Many of our activities can be physically challenging.
3. For prescription medications have your physician fill out the COLS Health Form with prescription name, dose, time(s) given, and route (oral, topical, etc). Over-the-counter medications must also be listed on the Health Form. Prescription medication **MUST BE** in the original container from a licensed pharmacy, labeled with the name, address, and phone number of the pharmacy, name of camper, name and strength of the medication, directions for use, date filled, prescription number, and the name of practitioner prescribing the medication. If the medications are not properly labeled, they **CANNOT** be administered to your child.
4. Over-the-counter medications and vitamins must also be in the original container, with the camper's name clearly written on the container. We cannot give homeopathic or herbal medications unless they are in their original container due to Colorado law. If your child has more than one medication, please place them together in a labeled Ziplock bag and bring the medications with you to registration check in.
5. We have a camp nurse employed with COLS. The camp nurse will keep all medications (including over-the-counter and vitamins) and will oversee administering them to your camper at the correct time. In the event of being off-site for camping, hiking or trail ride purposes, the individual camp counselors will be administering medications after completing a medical administration course. The camp nurse is always on call for any questions or concerns.
6. We can provide ibuprofen, Benadryl, Tylenol, or Tums as needed for your camper if you and your physician sign off for any or all of these on the Health Form.
7. Due to the nature of our camps, if your child is a diabetic, their diabetes **MUST** be well under control, and you **MUST** contact the camp nurse before your camper's arrival in order to develop an appropriate plan of care.



## Health & Release Form

- Please print neatly and complete both pages of this form.
- **Signatures are required** on pages 3, & 4. A **physician's signature** is required on page 2.
- We recommend that you keep a photocopy of this completed form for your records.
- **Return the completed forms** to your students teacher/coach prior to the departure day.

<b>Participant Information</b>	Last Name:		First Name:		
	Address:			Male: Female:	
	City, State, Zip				
	Email:		Home phone:		
	Birth date: (mm/dd/yy)		Social security #:		
	School name:		Camp dates:		

<b>Emergency Contacts</b>	Father/ Guardian	Name:	Home phone:	Email Address:
		Address if different:	Cell phone:	Place of employment:
		City, state, zip:	Work phone:	
	Mother/ Guardian	Name:	Home phone:	Email address:
		Address if different:	Cell phone:	Place of employment
		City, state, zip:	Work phone:	
	Emergency Contact	Name:	Home Phone:	Email address:
		Address:	Cell phone:	Place of employment:
		City, state, zip:	Work phone:	
Adults other than those listed above authorized to take child from camp:				

<b>Insurance</b>	Insurance Company	Name:	Address:	Plan number
		Phone	City, state, zip	Group number:
	Family Doctor	Name:	Address:	All registrants are covered by excess camper medical insurance and subject to the limits thereof. Individual insurance is primary.
		Phone:	City, state, zip	

### Medication List (if none, put N/A)

**MEDICATION POLICY:** If your child will be taking medications at the time of camp, it is important that you adhere to following policy: ALL medications have to be turned into the camp nurse at the time of check-in. By state regulations, campers cannot keep any medications with them (with exception to some inhalers). The camp nurse will make sure the camper takes the prescribed dosages at the proper times. Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician, the name of the medication, dosage, and the frequency of administration. Do not put pills in baggies/pill boxes. We must give the dosages as prescribed. If the dosage has been changed, make sure you bring a written doctor's prescription that gives the adjusted dosage. List all medications, including over-the-counter, that the camper will be taking at the time of camp. If your child will not take medications, write N/A on the first line.

Medication	Purpose	Dosage

The following nonprescription medications may be stocked in the camp health center and administered by certified COLS Staff members as needed to manage illness and injury. Cross out those the camper should NOT be given.

- Allergy Eye Drops
- Benadryl (diphenhydramine)
- Caladryl Lotion (relieves itching)
- Claritin
- Cough Drops
- Topical Lidocaine 2% (anesthetic)
- Triple Antibiotic Ointment
- Tylenol (acetaminophen)
- Tums
- Vitamin C Chewable Tablets
- Hydrocortisone Cream
- Hydrogen Peroxide
- Ibuprophen
- Immodium AD (anti-diarrheal)
- Maalox
- Dulcolax (laxative)
- Epinephrine (in case of a life-threatening allergic reaction)
- Milk of Magnesia
- Simethicone (gas relief)

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

## Camper Physical

Every camper is required to have a physical completed by a medical professional and dated within 2 years of the end date of his/her camp. Cross Bar X keeps camper physicals on file for at least two years. If you think we have a current physical on file, check the appropriate box below, and return this form to camp. If we do not have a current physical on file, have your medical personal fill out and sign this form. If your doctor uses a separate form, make sure the information asked for below is included on that form.

Camper Name: \_\_\_\_\_ Gender: M F Age: \_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

List any physical, psychological or other concerns that may effect this childs ability to participate in camp activities:

\_\_\_\_\_

History of serious lacerations, injuries, or illness:

\_\_\_\_\_

Special diet or food intolerances: \_\_\_\_\_

\_\_\_\_\_

Circle all that pertains to this camper:

Asthma      diabetes      frequent ear infections      headaches      seizures

frequent colds      diarrhea      constipation      bed-wetting      sleepwalking

Campers health: (circle one)

Good      Fair      Special conditions

Other: \_\_\_\_\_

List any other concerns: \_\_\_\_\_

\_\_\_\_\_

I have examined this camper and found him/her to be in satisfactory physical condition, free from any contagious disease and capable of active participation in a regular camp program except as follows: \_\_\_\_\_

\_\_\_\_\_

### Examiner

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

Clinic/hospital: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_



## PARENT RELEASE AND CAMPER AGREEMENT

### Acknowledgement & Assumption of Risks

Colorado Outdoor Learning School and its owners, officers, directors, volunteers, agents, employees, counselors, and guides (collectively, "COLS") allows students to participate from time to time in numerous adventure experiences on and off the COLS Ranch premises, including but not limited to hiking, rock climbing, bouldering, and rappelling, participating in high and low ropes courses, and zip lining; canoeing, kayaking & fishing; swimming in a natural spring fed lake and other recreation in the lake area including but not limited to the use of rope swings and water trampolines; horseback riding; handling and firing BB guns; engaging in indoor and outdoor games and individual and team sports including but not limited to broomball, both during daylight hours and at night; participating in other recreational activities in an outdoor setting, including but not limited to archery and activities involving campfires; participating in chores and service activities including but not limited to cleaning Colorado Outdoor Learning School facilities and caring for livestock and animals; utilizing transportation to and from off-site activities; and other activities common to a youth camp, summer camp, or adventure experience or setting.

I recognize that there are significant risks inherent to each of these activities, including but not limited to the risk of bodily injury, illness, death, damage or loss to person or property which may result from surface, subsurface, and underwater hazards in areas where these activities occur such as hidden rocks or other obstructions, water currents, snow conditions, and variations in steepness or terrain; severe weather including lightning storms, snow storms, and extreme temperatures; collisions with or impacts from other participants or natural or manmade objects; equipment failure; falls from heights; exposure to livestock and animals maintained by COLS as well as wild animals, aquatic life, bacteria, viruses, insects and bugs; unpredictable animal behavior; exposure to cleaning chemicals, power tools, and other items routinely used in the camp setting for cleaning and repair; physically demanding tasks; traffic hazards; the potential of participants to act in a negligent or unpredictable manner that may contribute to injury to that participant or to others, such as failing to maintain control over equipment or tools or not acting within the participant's abilities; and other hazards. I understand that persons with certain medical conditions should not participate in these activities without the advice of a physician. I acknowledge that a complete listing of risks is not possible, and that risks may exist that cannot be anticipated. I understand that supervision by COLS may not be provided at all times.

I also acknowledge that COLS uses its best judgment in determining how to react to circumstances present in these activities, including the risks associated with natural and man-made conditions, animal behavior, and a participant's abilities, but may misjudge such circumstances.

Also, I acknowledge that equipment used in these activities may break, fail, or malfunction, despite reasonable maintenance and use. Some of the equipment used in these activities may inflict injuries even when used as intended.

I understand that participation in these activities is not required. Knowing these risks, I authorize participation by myself and my child in each of the activities identified above, and assume responsibility for myself and my child for any and all bodily injury, illness, death, damage to or loss of personal property, and all expenses thereof, which may occur as a result of participation in such activities.

### Release, Waiver of Liability, and Indemnification

PLEASE READ CAREFULLY BEFORE SIGNING. THIS DOCUMENT INCLUDES A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.

In consideration of the right to participate in Colorado Outdoor Learning School activities, I release and agree not to sue Colorado Outdoor learning School for any and all claims, actions, demands, damages, causes of action or suits of any kind or nature whatsoever ("Claims") which may be asserted by or on behalf of myself or my child have as a result of bodily injury, illness, death, damage or loss to person or property which may result from participation in any activity carried out at or by Colorado Outdoor Learning School, whether or not caused by the negligence of COLS. In addition, I agree to indemnify, defend, and hold Colorado Outdoor Learning School harmless from and against any and all liability, loss or damage COLS may suffer as a result of Claims which may be asserted against COLS arising out of the activities carried out at COLS Youth Ranch or by COLS.

I have had a chance to ask questions and seek advice before signing this document.

I authorize my child to participate in all camp activities except the following: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

If I attend the Colorado Outdoor Learning School, I agree to the following:

1. I will participate in all activities such as games, sports, lessons, work projects and chores as deemed appropriate and part of the COLS experience.
2. I will not bring alcohol, tobacco, and/or drugs.
3. I will obey all camp rules and regulations.
4. I will participate in all activities, and be an encouraging team player.

Camper Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

