

GPA Field Skills Weekend Camp

Health Form

July 11-13, 2008

Legal Name: _____

Birthdate: _____

Home Address: _____
street

Phone: _____

city

state

zip

Parent's or Guardian's Name: _____

Home address (if different from child's) _____
street city state zip

Phone: _____

Cell Phone: _____

Place of Employment: _____

Phone: _____

If neither parent or guardian can be located, in case of emergency call:

Name: _____

Phone: _____

Persons designated to take child from event: _____
(include name, address and phone if not listed above)

Persons not permitted to take child from event: _____

List communicable diseases and past history of serious lacerations, injuries and illnesses: _____

List any known allergies and drug reactions: _____

List any prescriptive or non-prescriptive medications which youth must take:

| <i>Name of Medication</i> | <i>Dosage</i> | <i>Frequency</i> | <i>Prescribing Physician</i> |
|---------------------------|---------------|------------------|------------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Describe any special diet youth must follow:

| <i>Description of diet</i> | <i>Prescribing Physician</i> |
|----------------------------|------------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Authorization to participate or exclude participation in event activities: I give permission for my child to participate in all event activities with the following exceptions:

Authorization for medical care: I hereby give my permission to event officials 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 event officials will make a conscientious effort to locate the emergency contacts listed on this document before any action will be taken. If it is not possible to locate emergency contacts listed, I/we will accept the expense of emergency medical or surgical treatment.

Insurance Company: _____ Policy # _____

Subscriber Name and Address: _____

Parent's or Guardian's Signature: _____ Date: _____

Colorado State University Cooperative Extension Hold Harmless Release

In consideration of allowing my child _____ to participate in
(child's name)

GPA Field Skills Camp, I assume all risks in connection with the activities involved and agree to release Golden Plains Area Extension, Colorado State University Extension, and their employees, from any injury

or damage which may befall _____ during his/her participation in
(child's name)

any Camp Activities from July 11-13, 2008. I agree to hold all listed parties harmless from any claim by me or my family estate,

heirs, or assigns arising out of _____ participation in these
(child's name)

activities.

I have read the contents of this affirmation and understand its contents. I understand that with any activity, there is a potential for injury or damages to participants.

(must be signed by parent or guardian)

(date)



**Colorado
State**
University
Cooperative
Extension