

FROSTY PINES WILDERNESS EDUCATION PROGRAM REGISTRATION FORM

970-884-9963

Participant's Name \_\_\_\_\_

Address \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_

School District \_\_\_\_\_

Grade in Fall \_\_\_\_\_

Custodial Parent/Guardian Information

Participant is in the custody of:  Both Parents  Mother only  Father only

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

Mother/Guardian Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Medical Information

Do you have Medical Coverage? Yes \_\_\_\_ No \_\_\_\_

Participant's Primary Care Physician \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Phone \_\_\_\_\_

Policy Number \_\_\_\_\_ Employer \_\_\_\_\_

Name of Insured Member ID \_\_\_\_\_

Effective Date \_\_\_\_\_

Intent For Emergency Care

In the event of an emergency would you like your child to be transported to a specific hospital?  
YES \_\_\_\_ NO \_\_\_\_

Please specify hospital \_\_\_\_\_

PLEASE NOTE THAT IT IS OUR INTENT IN EMERGENCY SITUATIONS TO TAKE YOUR CHILD TO THE CLOSEST MEDICAL FACILITY THAT CAN TREAT THEIR INJURY/ILLNESS. FROSTY PINES STAFF ARE ALL CPR AND FIRST AID CERTIFIED AND WILL DO EVERYTHING IN THEIR POWER TO PROVIDE CARE WITHIN THE PARAMETERS OF THAT TRAINING.

Are you aware of any drug/food allergies for your child? If so please describe:

\_\_\_\_\_

Does your child have medical, physical or behavioral/emotional limitations that should be brought to our attention such as Epilepsy, ADHD etc? If so please explain:

\_\_\_\_\_

Intent for Non-Emergency Care:

Do you wish that Frosty Pines Wilderness Education Program abstained from any non-emergency first-aid procedures such as: application of bandages, disinfectant, treatment of sprains etc? If yes please explain:

\_\_\_\_\_

Intent for Distribution of Medication

Does your child currently take any medications, over the counter or otherwise?

YES \_\_\_ NO \_\_\_

Are you including a letter of parental consent and a written order from a person with prescriptive authority (doctor or pharmacist) authorizing Frosty Pines Wilderness Education Program to administer prescription or over the counter medications (OTC) to your child in non-emergency situations? This includes OTC medications such as Ibuprofen, Benadryl, Neosporin, or vitamins that your child takes or regularly applies.

YES \_\_\_ NO \_\_\_

PARENT/GUARDIAN AUTHORIZATION/CONSENT FOR MEDICAL CARE

In my absence and/or in case I cannot be reached, I as the undersigned parent or legal guardian of \_\_\_\_\_ authorize Frosty Pines Wilderness Education Program to seek emergency medical attention in the event of illness, accident, injury or any medical emergency. I understand Frosty Pines Wilderness Education Program and/or employees and agents, are not responsible for paying any services rendered by any medical professional or medical facility, or for the cost of transportation to or from any medical professional or medical facility. Frosty Pines Wilderness Education Program and/or employee(s) and agents are authorized to consent to an x-ray examination, anesthetic, medical, or surgical diagnosis, treatment, care, and/or transportation for my child/children on my behalf. I understand that I have provided Frosty Pines Wilderness Education Program with medical instructions, including the name(s) of our preferred medical provider(s), and that Frosty Pines Wilderness Education Program, to the extent practicable, will attempt to abide by these instructions. I also understand that this authorization is given in advance of any specific illness, accident, injury or medical emergency.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Consent To Be Photographed/Release

I understand that when participating in Frosty Pines Wilderness Education Program activities the participant may be photographed for print, video or electronic imaging. I understand that the images may be used in promotional and fundraising materials, news releases and other published formats, and will be the sole property of Frosty Pines Wilderness Education Program its assigns or successors.

Check if Participant MAY NOT be photographed for Frosty Pines Wilderness Education Program publicity purposes.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

The following information is OPTIONAL and will be used for environmental education grant/funding purposes only and in no way will you or your child's personal information be shared.

Your child's ethnicity (optional) White/Caucasian\_\_\_ African American\_\_\_ Hispanic\_\_\_ Pacific Islander\_\_\_ Native American\_\_\_ Other\_\_\_

What is the primary language spoken at home? (Optional)\_\_\_\_\_

How many hours per week is your child in the outdoors? (Optional)\_\_\_\_\_

Rate your child's interest in science (optional) 1-5 1 is LOW 5 is HIGH\_\_\_

Rate your child's academic performance in school (optional) Grades Mostly Received A B C D F

Rate your child's level of curiosity for learning (optional) 1-5 1 is LOW 5 is HIGH \_\_\_

Is your child eligible for free/reduced school lunch? (Optional) YES\_\_\_ NO\_\_\_

Rate your child's involvement with nature/outdoors (optional) 1-5 1 is LOW 5 is HIGH \_\_\_

Frosty Pines Education Program Attending:

Outdoor Home school:  Daily  Weekly

Dates of Attendance \_\_\_\_\_

Weekend Adventure: Dates of Attendance \_\_\_\_\_

Fall Youth Adventures: Dates of Attendance \_\_\_\_\_

Winter Youth Adventures: Dates of Attendance \_\_\_\_\_

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

Dates of Attendance \_\_\_\_\_