

The Randolph County Outdoor Education Program

Promoting Connections Between Students and Their Communities

Emergency Medical Form & Release

Student's Name: _____ Age: _____ Height: _____ Weight: _____

School: _____ Teacher's Name: _____

Parent/ Guardian's Name: _____ Home Phone: _____

Parent/ Guardian's Address: _____ Work Phone: _____

Alternate Contact: _____ Relationship to Child: _____

Alternate Contact's Home Phone: _____ Work Phone: _____

Dietary Restrictions: _____

Allergies (bee, food, medications, etc.) _____

Recent Injuries or Illnesses _____

Date of Last Tetanus: _____

Other medical concerns that might affect student's trip: _____

Please list any current medications that your child is taking (prescription or over-the-counter): _____

Family Physician: _____ Phone: _____

Insurance Company Name: _____ Insurance Policy Number: _____

Insured Parent's Social Security Number: _____

*** I understand that the **Randolph County Outdoor Education Program (RCOEP)** and its contractors will take every reasonable precaution against accident or injury during the school trip. If a medical emergency occurs involving my children in route to or from or while participating in the RCOEP programs and I cannot readily be reached, the RCOEP staff may select any licensed physician to secure and administer medical treatment, including hospitalization and surgery for the child if and as needed. I understand any medical expense so incurred will be my financial responsibility. I further release the RCOEP, its contractors and staff from any liability in case of accident or injury. I understand that my child is under the jurisdiction of **Randolph County Schools** during the trip and that school rules are in effect. I have listed all the information concerning allergies, unusual medical history or conditions, dietary restrictions and regular medication that my child may take, and give permission for the medical staff in attendance to administer any prescription or over-the-counter medicine as listed above that are in the original containers.

ALL MEDICATIONS MUST BE IN ORIGINAL CONTAINER.

_____ I grant permission to the RCOEP and its contractors to use photos/ statements by, of, or about my child for promotional pieces.

_____ I give my child permission to participate in the Randolph County Outdoor Education Program. I understand my child will be staying overnight at Camp Pioneer and will be transported on Randolph County School Buses.

_____ I give my child permission to participate in the Randolph County Outdoor Education Program during the day, but I do not want my child to stay overnight. I will provide transportation on the days my child's class is participating.

_____ I would like to volunteer to help chaperone in the evenings and/ or overnight. Please contact me.

Parent/ Guardian's Signature: _____ Date: _____