



NAME OF SCHOOL/GROUP: _____

Male Female

Student's Last Name _____ First Name _____ Middle Initial _____ Age _____

Student's Date of Birth (MM/DD/YYYY) _____ Height _____ Weight _____

Parent or Guardian Name(s) _____

Mailing Address: Street, PO Box, Apt. #, etc. _____

City _____ State _____

Zip Code _____ Email Address _____

Cell/Home Phone (_____) _____ Work Phone (_____)

Activity Level: Is your student capable of participating in strenuous activities? (*i.e.*, hike up hills, put weight on joints, carry equipment, etc.) Yes No, please explain: _____

Medical & Behavioral Conditions: Please include all conditions such as diabetes, epilepsy, asthma, ADD, EBD, etc. Also include treatments such as casts, splints, etc. applicable at the time the student will be at Eagle Bluff.

Allergies & Intolerances: Please list all of your student's allergies to medications, insects, food, and explain. **All life threatening allergies must be communicated to your student's trip leader prior to an Eagle Bluff visit.**

Medications: List all **prescription** medications your student is currently taking and explain:

Please check all **non-prescription** medication your school's personnel may have permission to give your student. (These over-the-counter medications will be available in Eagle Bluff's first aid room.)

- Antacid Topical Diphenhydramine (Benadryl) Oral Diphenhydramine (Benadryl) Ibuprofen
 Acetaminophen (Tylenol) Cough Drops Sunblock None without a call home

MEDICAL DISPENSATION POLICY: All medications are administered by the chaperones or teachers from the student's school. Any medications sent from home for your child need to be processed according to your school's policies for medication dispensation and need to be in their original container.

AUTHORIZATION & RELEASE SIGNATURE (please read statement on back of page):

X _____
PARENT/GUARDIAN SIGNATURE DATE

NOTE: Failure to sign this form will prohibit your child from participating in all Eagle Bluff activities. All medical information is kept confidential and all medical forms are kept for a period of five years. You are invited to request more information about Eagle Bluff programs, facilities, and policies at any time.

- Eagle Bluff does not have permission to take photos of my student
 I do not wish to receive information about Eagle Bluff.

MEDICAL AUTHORIZATION AND RELEASE STATEMENT

Agreement, Indemnification, and Assumption of Risk

Message from Joe Deden, Eagle Bluff's Executive Director:

Our goal at Eagle Bluff is to provide safe learning experiences for all our participants. Our high ropes course, group challenge course, rock climbing wall, and all equipment are inspected regularly and are structurally sound. In addition, each participant receives safety instruction and an equipment check by a trained Eagle Bluff staff member. Each course has thousands of users every year and we have never had any major injuries. We adhere to the highest standards of safety and supervision in every class that we offer.

If you have any questions or concerns, please call me personally at (507) 467-2437, extension 104.

By signing the front of this form, I agree to the following.

I, as parent or guardian of the named minor (hereinafter referred to as "minor"), hereby give my permission for my child or ward to participate in all Eagle Bluff activities and further agree to the terms herein contained. In consideration of the minor being permitted by Eagle Bluff Environmental Learning Center, Inc. (hereinafter collectively referred to as "EBELC") to participate in its activities and to use its equipment and facilities, I agree to indemnify and hold harmless EBELC from any and all claims, demands, or causes of action which are brought by myself, and/or the minor and/or on behalf of the minor against EBELC, and which are in any way connected with such use or participation by minor. In the event that I file a lawsuit against EBELC, I agree to do so solely in the state of Minnesota, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

I acknowledge that my child's participation in individual and group initiatives, problem solving exercises, and personal growth and development training activities entails known and unanticipated risks that could result in physical or emotional injury, or death to my child, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity

I also agree to direct my student to comply with all Eagle Bluff rules and policies and to cooperate with Eagle Bluff personnel. I understand and agree that if the student fails to comply with the rules and policies, she/he may be expelled from Eagle Bluff and sent home at my, the parent or legal guardian's, expense.

I hereby represent that the minor is in good health, that I have identified all medical conditions associated with the minor, and that I have adequately informed EBELC personnel of any special instructions regarding the minor. I certify that I have adequate insurance to cover any injury or damage the minor may suffer while participating, or else I agree to bear the costs of such injury or damage myself.

I acknowledge that the student's medical conditions stated on this form are complete and correct. I authorize EBELC personnel to call for medical care for the minor or to transport the minor to a medical facility or hospital if, in the opinion of such personnel, the minor needs medical attention. I further authorize appropriate personnel to render such medical treatment as is necessary for the health of the minor, in their professional opinion. I agree that once the minor is in the care of medical personnel or a medical facility, EBELC shall have no further responsibility for the minor and I agree to pay all costs associated with such medical care and transportation.

TYPE III FIELD TRIP FORM
PARENTAL/GUARDIAN AUTHORIZATION FORM



A field trip to: Eagle Bluff Environmental Learning Center
Is planned by: Parkway Montessori Middle School
For the purpose of: 8th grade fieldtrip
On (dates) 11/20-11/22/17 From: 9 am (time) to 2:00 pm (time)

The attached form must be completed and returned before the student will be permitted to participate in the above field trip.

VERBAL APPROVAL WILL NOT BE ACCEPTED

Detach and Return

Field Trip Parental Authorization

_____ Parkway _____
Students Full Name School

Family Name

Does the student have any special health problems or handicapping conditions which will require special attention or supervision on this field trip? Yes ___ No ___

If yes, what is this problem and what special considerations should be made? _____

We understand that the necessary arrangements, plans, and precautions will be taken for the care and supervision of the student during the trip.

I/we authorize _____ to participate in the field trip

Student's Full Name

To Eagle Bluff on (date) 11/20 11/22/17

Date _____

Signature of Parent(s) or Guardian(s)

Telephone: _____
Day Time _____

Address: _____

Emergency _____

