



Day Trip Permission Slip and Medical Form

Student's Name (First, Last) _____ **Student ID #** _____

Date of Birth _____ School _____ Teacher _____

Student's Address _____ Zip Code _____

Parent/Legal Guardian Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Second Parent/Legal Guardian Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact Name: _____

Home Phone _____ Work Phone _____ Cell Phone _____

EMERGENCY PROCEDURES

Any child who has sustained an injury will be closely monitored by a Balarat staff member present. In the event that medical treatment is required (more than first aid) or if bodily injury was sustained (e.g., broken bones, head injury, 2nd or 3rd degree burn, eye injury, or deep cuts) the Balarat staff person overseeing the situation, in consultation with parents or legal guardian and the classroom teacher, will make the final decision as to appropriate action.

If the parent or legal guardian cannot be notified and immediate medical care is indicated, special emergency care and/or evacuation will be arranged through the Balarat staff, and/or emergency medical services. Please note that the Denver Public Schools does not assume financial responsibility for any medical costs that may be incurred.

To my knowledge, this student is in satisfactory health to fully participate in this activity. If he/she has diabetes, epilepsy, allergies, asthma, heart disease, or any other physical condition that requires daily medications or special attention, I have given directions.

My student has done a health screening, and is healthy and well and does not have any symptoms of COVID as outlined by Denver Public School District guidelines, or any other illness.

I give permission for my child to participate in the program at Balarat on _____ (Date).

By signing this registration form I certify that the information provided is accurate.

Signature of Parent or Guardian _____ **Date** _____

Print Name _____ **Relationship to Child** _____

**** Continue on the back of this page ****

Allergies

Does your child have any allergies (circle one) **No** **Yes**

If **Yes**, what is the **allergen?** _____

Please describe the symptoms/severity of the allergic reaction:

Medications

Is your child currently taking any medication (Including prescription and over-the-counter) (circle one) **No** **Yes**

If **Yes**, please attach a **DPS Student Medication Request Release Agreement** for *each medication that needs to be taken at Balarat*. These forms are available from your school nurse or teacher.

Any medicine given while at Balarat must be in a prescription bottle, or original packaging, and must be accompanied by the district’s form(s) mentioned above in bold. These forms require a written order from the student’s physician and a written request from the parent or guardian to administer the medication. **Do not** pack/send prescription or OTC medication in your student’s bags. All meds need to be turned in to your school nurse prior to the trip.

Physical Disabilities

Our buildings are accessible to people with disabilities, however some of the backcountry trails may be difficult to navigate. We can provide safe transport via 4WD vehicles driven by a Balarat instructor. We welcome and encourage all students to attend Balarat, but request to be informed in advance of any students with special needs. This will help our instructors plan a safe and valuable experience for each student.

-----Parent Permission for Media (Photos & Video) -----

Permission for photographs and interviews of students under 18 years of age can be granted to the media ONLY with parent approval. These photographs, written interview quotes and verbal interview statements will appear in information about DPS programs and people. I understand that the DPS shall not be liable for royalties, commissions, or payments of any nature to me or my child in connection with such filming, photographing, and/or interviewing. DPS assumes no liability of any nature in connection with such filming and/or interviewing.

I hereby do _____ **do not** _____ give my permission to DPS to allow my child to be filmed/photographed and interviewed by the media.

Signature of Parent/Guardian: _____ **Date:** _____