

## *Emergency Form-Eagles Nest Adventure Center*

**Background:** Leadership Dynamics will be housed at Badger High School, with students participating in most activities there. High ropes activities will take place at Eagle's Nest Adventure Center on one afternoon, unless weather necessitates a change. Students will stay on the school or state park property, with some exceptions (LD One reading program, tour of York farm, LD Two lake hike, LD12 noodle expedition on Geneva Lake, etc.). Appropriate transportation arrangements will be made for any trips off the Lake Geneva Middle School property.

<b>Registration / Health / Emergency Information</b>
Student Name: _____
Age: _____ 2010-11' Grade: _____
Parent/Guardian Name(s): _____
Doctor's Name _____
Phone Number: _____

<b>Emergency Information</b>
Name: _____
Home Phone: _____
Work #: _____ Cell #: _____
<b>Alternate Contact Person:</b>
Name _____
Contact #: _____

<b>Medical Information</b>
Please identify <b>ANY and ALL</b> medication your teenager has with him/her in camp; including: aspirin, Tylenol, etc.:
_____
_____

<b>Other Health Concerns/Limitations:</b>
Identify any medical conditions we need to know about to properly tend to your teenager's health this week:
<ul style="list-style-type: none"><li>• Allergies (insect stings, drugs, food, etc.)</li><li>• Recent injuries, illnesses, operations</li><li>• Conditions requiring medication (diabetes, epilepsy, etc.)</li><li>• Emotional or behavioral disorders (phobias, etc.)</li><li>• Other physical disabilities or chronic conditions (poor eye sight, bad back, etc.)</li></ul>
_____
_____
_____

We do not provide any form of pain medication. If your teenager will need aspirin or pain medication, they may bring an appropriate amount of medication with them to camp. All medications will be turned over to the Leadership Dynamics staff upon arrival at camp. Medication(s) will be available to students as needed. Leadership staff will record and distribute medications. Sharing of medications, including pain medication, will not be allowed so students should plan accordingly.

I declare the statements on this form to be true. My student has permission to fully participate in the Leadership Dynamics program through Badger High School.

**Signature of Participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*If your teenager brings medication to camp be sure to fill out the Medical Administration Form.*

## Medical Administration Form

Any medications that the student should not administer to himself/herself will be administered by the camp personnel after consultation with the school nurse. Please fill out this form for all medications your student has in camp. Thank you.

### Prescription Medication Information: *To Be Filled Out By Physician*

Student Name: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Route: \_\_\_\_\_

Time(s) Administered: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

May Student Carry Medication for Emergency Purposes: \_\_\_\_\_ Yes \_\_\_\_\_ No

Give Medication On: \_\_\_\_\_ Empty Stomach \_\_\_\_\_ Full Stomach Refrigerate Medication: \_\_\_\_\_ Yes \_\_\_\_\_ No

Additional Directions or Symptoms to Report: \_\_\_\_\_

PRN Medication: Circumstances to be used: \_\_\_\_\_

**NOTE:** *Medical staff who dispenses medication to the above student may call me at any time with questions or concerns related to this student's medical condition and medication.*

Doctor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor's Name (Please Print): \_\_\_\_\_

Phone: \_\_\_\_\_

### Parent/Guardian Permission

(For All Prescription and Non-Prescription Medication)

I hereby give permission to school employees designated by school officials to give medication to my student according to the following directions. I further give permission to school authorities to contact my student's physician as necessary and to notify the school in writing at the termination of this request or when any medication changes occur.

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

When and How Often To Be Given: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Additional Information: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Please bring the completed EMERGENCY FORM and MEDICATION Form to camp or mail with registration forms.**