

Telluride Academy, Inc.:
Medical & Health Information Form

To All Participants and Parent or Guardian (hereafter 'parent/s') of minors (those under 18 yrs.):

We ask that you complete this information carefully and accurately. This information will be shared only with Telluride Academy, Inc. ("TA") personnel or individuals working with TA. Otherwise, the information will remain strictly confidential.

Participation in TA activities includes a review of participant's medical and health information. Disclosing information in this form does not automatically exclude participation. TA would like to obtain accurate information about a participant's health, and understand any health concerns or limitations. We do not require a physician's exam before participation. **Understand that although TA may allow participation, it is ultimately up to the participant (or parent/s and their son or daughter), in conjunction with their physician, to decide whether a TA program is an acceptable match for them.** TA activities can be strenuous and can offer exercise different than what participant may be accustomed to. Depending upon the program, participants engage in a variety of educational and adventure activities at altitudes that can exceed 7,000 feet. Activities include, among others, hiking, backpacking, climbing, rafting, skiing and biking. Please review the TA Acknowledgment and Assumption of Risks & Release and Indemnity Agreement and specific trip descriptions for further information regarding TA activities and associated risks, or call us at 970-728-5311 if you or your physician have further questions about the nature and physical demands of these activities, or other concerns.

Camper's Name: _____ Date of Birth: _____ Male/Female

School Attended 2006/07 School Year: _____ Grade in 2006/07: _____

Names of Parents/Guardians: _____

Does your child have siblings/friends in the same camp session? If yes, who? _____

My child: ___ cannot swim at all ___ is a marginal swimmer ___ is a strong swimmer
 ___ may walk home from camp ___ needs to wait to be picked up
 ___ gets car sick ___ does not get car sick

Participant has the following allergies/ailments/food restrictions:

Participant currently takes the following medications:

Medication	Dosage	Side effects/restrictions	Prescribed by?	For what condition?

Parent/s give TA permission to give the above prescription to their child in such time and doses as is necessary when attending Telluride Academy programs. Parent/s will inform TA immediately should there be any changes in their child's medication regime.

Identify any medications taken during the school year that participant **does/may not take during the summer?**

Does participant have any condition (e.g., mental, physical, emotional or otherwise), which might affect participant's well being, the well being of others, or affect participant's ability to engage in TA activities?

Are there any limitations on participant/s ability to participate in any TA activities?

Medical Permission and Authorization:

I authorize Telluride Academy staff, representatives, contractors or other medical personnel to obtain or provide medical care for me or my child, to transport me or my child to a medical facility and to provide treatment (including routine or emergency health care, hospitalization, medications, anesthesia, surgery) they consider necessary for my or my child's health. I agree to the release (to or by TA) of any records necessary for treatment, referral, billing or insurance purposes. Except to the extent limited in this form, participant has permission to participate in all TA activities and programs.

In case of any life threatening or other medical emergency, TA will attempt to contact me, or my friend or relative listed below, as soon as possible, at one of the following phone numbers.

Home or Local Accommodation's Phone #: _____

Cell Phone # (mother): _____ (father): _____

Work Phone # (mother): _____ (father): _____

Friend or Neighbor: _____ (Phone #): _____

My child is insured under the following insurance company: _____

Policy #: _____ We have no health insurance _____

My child's physician is: _____ Phone #: _____

I (participant and parent(s) of a minor participant) agree as follows:

To the best of my knowledge, this Medical & Health Information form contains accurate information. I will contact TA if any medical or health condition changes before the start of the program. I understand that providing inaccurate medical or health information or falsifying medical or health information can create serious risks to participant or others, and/or can result in a participant's dismissal from the program. I understand my/my child's ability to participate is contingent upon TA's review of all forms, including this one. I understand that although TA will review this information and may allow participation, TA cannot anticipate or eliminate risks or complications posed by an individual's mental, physical or emotional condition. **A parent must sign below if participant is under 18 yrs. of age.**

Participant's Signature _____/Date

Parent/Guardian Signature _____/Date