COE-BROWN NORTHWOOD ACADEMY
2008 EMERGENCY FORM FOR EXPEDITION COURSE

Student Name_____ / ____ / _____ **Male/Female**
Last First Middle Name DOB Grade

Emergency Information:

PARENT/GUARDIAN INFORMATION:

Parent/Guardian's Name: _____ **Relationship:** _____

Home Phone: (_____)_____ Cell Phone: (_____)_____ Work Phone: (_____) _____

Parent/Guardian's Name: _____ **Relationship:** _____

Home Phone: (_____)_____ Cell Phone: (_____)_____ Work Phone: (_____) _____

EMERGENCY CONTACTS:

In the event that the above parent or guardian cannot be reached, please list two adult relatives or neighbors who can assume temporary care for your child.

CONTACT 1: Name:_____ **Relationship:** _____

Home Phone: (_____)_____ Cell Phone: (_____)_____ Work Phone: (_____) _____

CONTACT 2: Name:_____ **Relationship:** _____

Home Phone: (_____)_____ Cell Phone: (_____)_____ Work Phone: (_____) _____

MEDICAL INFORMATION:

Student's Physician _____ **Phone # (_____)_____ City/State** _____ **Medical Insurance Company:** _____ **Policy Number:**_____

Please list current medications: _____

MEDICATION: A Coe-Brown Medication Administration Form is necessary for any medications to be used by the student during the school day. Copies of this form are available from the school nurse, main office or our website.

Please read and initial on each line your consent for the following:

*** I give permission for the Expedition instructors to give Tylenol (Acetaminophen) _____ or Advil (Ibuprofen) _____ if needed for minor pain/discomfort.

*** In the event of a systemic or anaphylactic allergic reaction while in the wilderness setting, I give permission for the Expedition instructors to administer Benadryl (Diphenhydramine) _____ or Epipen (Epinepherine) _____ as needed and to the standard of care and guidelines of a Wilderness EMT.

*** In the event of any injury or illness, I give consent for the course instructors to assess and treat any such conditions to the standard of care and guidelines of the wilderness medical certifications that are held. _____

In case of accident or serious illness, I request the school/course instructors to contact me. If the school/course instructors are unable to reach me or the people whose names I have given, I hereby authorize the school to make whatever arrangements necessary, which may mean providing emergency wilderness medical care or taking my child to the hospital out-patient department for treatment.

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