

Colorado State University Pueblo Event Participation/Medical Form

(Please Print Clearly)

I. Participant Information:

Date: _____

Participant's Name: _____

Participant's Date of Birth: _____ Phone: _____

Address: _____

II. Parent/Guardian Information:

Parent(s) or Guardian(s) Name(s): _____

Address: _____

Relationship: _____ Phone: _____

III. Emergency Contact Information:

Person to contact if parent(s) cannot be reached:

Name: _____ Relationship: _____

Phone: _____ Cell: _____ Work Phone: _____

IV. Medical History –

yes no

___ ___ a. do you wear glasses or contact lenses

___ ___ b. impairment of sight, hearing, or speech

___ ___ c. asthma



___ ___ d. history of diabetes, thyroid imbalance, hypoglycemia

Please list any conditions that you have been hospitalized with in the past year, for which you are undergoing treatment or physical impairments that require accommodation for participation: _____

V. Allergies

Are you allergic to any medication? Yes No If yes, explain: _____

Do you have any food allergies? Yes No If yes, explain: _____

Any other Allergies? Yes No If yes, explain: _____

VI. Other Medical:

Are You Taking Any Permanent or Temporary Medications? YES () NO ()

Please list: _____

Do you give Colorado State University Pueblo permission to administer over the counter medication, including but not limited to Ibuprofen or Acetaminophen to your student? YES () NO () If no, explain: _____

Are there any medical conditions, or social emotional concerns (i.e, anxiety, depression, eating disorder, epileptic seizures) that might assist first responders for your child in an emergency? _____

VII. Authorization for Emergency Medical Care

I am aware of my past and present health and fitness in relationship to strenuous activity. I will participate in all activities except for those noted below by myself and/or my physician. Information about any and all prescription drugs that I am currently taking is noted. Should an accident or emergency occur that renders me unable to communicate, I hereby give permission to the present Colorado State University Pueblo staff members to call and communicate with emergency medical personnel, except as noted below: _____

VIII. Transportation Permission

I give my permission for Colorado State University Pueblo employee(s) to transport my student to and from program sponsored events in State vehicles. Special COVID-19 or other considerations and protocols may be enforced. I also give my son/daughter permission to receive rides from the following:

Approved Driver(s) (Please Specify):

Name	Relationship
Name	Relationship

Colorado State Law:

Beginning July 1, 2005, regardless of when you got your license, if you are under 18 you cannot drive a vehicle carrying a passenger under 21 unless you have held your driver’s license for at least 6 months. And, you cannot drive a vehicle carrying more than one passenger under 21 unless you have held your driver’s license for at least one year. Exceptions to carrying passengers:

- If your parent or guardian is in the car with you.
- If there is an adult passenger in the vehicle, 21 years of age or older, who has a valid license and has held a driver’s license for at least one year.
- If the passenger under 21 needs emergency medical assistance.
- If the passengers under 21 are members of your immediate family and they are all wearing seatbelts.

IX. Standard of Conduct



Individuals participating in this event must abide by the Colorado State University Pueblo Student Code of Conduct. <https://www.csupueblo.edu/student-conduct/doc/student-code-of-conduct-2020-final.pdf>

X. Violation of Policy

If a violation of these policies occurs during the trip, program or event, individual(s) will be asked to leave the program area and/or sent home as soon as possible at their own expense and possible further law enforcement actions.

XI. Media Release (Mark through to opt out)

I, (print name) _____, parent/ legal guardian of (child's name) _____ hereby grant permission to Colorado State University-Pueblo, its employees or representatives to take and use:

(Check all that apply):

Photographs/ digital images

Videotape

Audio recording or quoted remarks

Of my child for use in promotional or educational materials as follows:

Printed publications or presentations

Web sites

I agree that my child's name and identity may be revealed/ may not be revealed (select one) in descriptive text or commentary in connection with the image(s).)

I agree that the media may/ may not (select one) contact my family to speak with my child regarding his/ her involvement with Colorado State University Pueblo, (name of program) _____ activities.

I authorize the use of this materials indefinitely without compensation to me. All negatives, positives, prints, digital reproductions and video or audio recordings shall be the property of Colorado State University Pueblo.

Date _____ Signature of parent/ guardian _____

