

**Environmental Leadership Knowledge Seminar (ELKS)
Application and Medical Form**

I, _____, give permission for my child, _____, to attend the program hosted by the Southern Ute Indian Tribe's Environmental Programs Division and facilitated by the Environmental Programs Division staff. As a Parent/ Guardian of the above named child, it is understood that in case of emergency or serious illness, my child will be treated at the nearest hospital or emergency care clinic by trained medical personnel and I or alternate contacts will be contacted immediately (the alternate contacts will be contacted only in the event the primary contact is unavailable).

******* PLEASE COMPLETE THE FORM TO ENSURE YOUR CHILD'S SPOT. LIMITED SPOTS ARE AVAILABLE AND ENROLLMENT IS ON A FIRST COME FIRST SERVE BASIS. *******

_____ (Initial) Tuesday, July 24, 2018 – Environmental Programs Division Building (Full day)
_____ (Initial) Tuesday, July 24, 2018 – Field Trip to River for Electrofishing and Nature Hike

_____ (Initial) Wednesday, July 25, 2018 – Environmental Programs Division Building (Full day)
_____ (Initial) Wednesday, July 25, 2018 – Field Trip to Capote for Rocket Demonstration

_____ (Initial) I agree to have my child at Environmental Programs Division by 9:00 a.m. daily.
Breakfast and lunch will be provided July 24 and 25, 2017.

_____ (Initial) I agree to arrange for my child to be picked up at 4:00 p.m. daily.

_____ (Initial) I give permission for the Environmental Programs Division staff to transport my child in a vehicle on field trips to various locations required for attending each session.

******* The attendees will be provided with a daily safety meeting before each session as presentations are hands-on for educational purposes. *******

CONTACT INFORMATION

Parent/Legal Guardian Signature _____ Date: _____

Home Address: _____ Home/Cell Phone: _____ Work Phone: _____

1st Alternate Contact Name: _____ Relationship: _____

Home Address: _____ Home/Cell Phone: _____ Work Phone: _____

2nd Alternate Contact Name: _____ Relationship: _____

Home Address: _____ Home/Cell Phone: _____ Work Phone: _____

MEDICAL INFORMATION

Medical/Insurance Information: _____

Allergies: _____

Special Dietary Information: _____

Other Medical: _____

EPD Staff Received/Logged _____ **Date:** _____