



## 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 BOTH SIDES OF THE FORM TO ENSURE YOUR CHILD'S SPOT. LIMITED SPOTS ARE AVAILABLE AND ENROLLMENT IS ON A FIRST COME FIRST SERVE BASIS. \*\*\*\*\***

\_\_\_\_\_ (Initial) Wednesday, July 13, 2022 – Environmental Programs Division Building and field trip to river for electrofishing and nature hike (Full Day)

\_\_\_\_\_ (Initial) Thursday, July 14, 2022 – Environmental Programs Division Building and field trip for science demonstration (Full Day)

\_\_\_\_\_ (Initial) I agree to have my child at Environmental Programs Division by 9:00 a.m. daily. Breakfast and lunch will be provided July 13 and 14, 2022.

\_\_\_\_\_ (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.

Student T-shirt Size: \_\_\_\_\_

**\*\*\*\*\* 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: \_\_\_\_\_

E-mail: \_\_\_\_\_

1<sup>st</sup> Alternate Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

2<sup>nd</sup> Alternate Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

**MEDICAL INFORMATION**

Medical/Insurance Information: \_\_\_\_\_

\_\_\_\_\_

Student Birth Date: \_\_\_\_\_

Allergies: \_\_\_\_\_

Special Dietary Information: \_\_\_\_\_

\_\_\_\_\_

Other Medical: \_\_\_\_\_

\_\_\_\_\_

**EPD Staff Received/Logged** \_\_\_\_\_ **Date:** \_\_\_\_\_