



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

**E.L.K.S.**

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) Tuesday, June 27, 2023 – Environmental Programs Division Building and field trip to Bison Ranch and Ag Department site

\_\_\_\_\_ (Initial) Wednesday, June 28, 2023 – Environmental Programs Division Building and field trip to SJMA's Nature Center and Scott's Pond

\_\_\_\_\_ (Initial) I agree to have my child at Environmental Programs Division by 9:00 a.m. daily. Breakfast and lunch will be provided June 27 and 28, 2023.

\_\_\_\_\_ (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: \_\_\_\_\_

### **CONTACT INFORMATION**

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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**MEDICAL INFORMATION**

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

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

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

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

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

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