OUTWARD BOUND

RETURN

FOLLOW-UP

4 PAGE PARTICIPANT MEDICAL RECORD

OFFICE USE ONLY

APPROVAL

PART I – GENERAL INFORMATION

PROGRAM/COURSE NUMBER _____ START DATE _____

APPLICANT

Name: _____ Title: ☐Dr. ☐Mr. ☐Mrs. ☐Ms. ☐Miss ☐Other _____

Address: _____ Age at Program Start: _____ DOB: _____

City/State/Zip: _____ Height: _____ ft. _____ in. Weight: _____lbs.

Home Phone: _____ Sex: ☐Male ☐Female ☐Intersex

Cell Phone: _____ Gender: ☐Male ☐Female ☐Non-Binary ☐Transgender

E-mail: _____ Occupation: _____

Parent/Custodial Guardian 1 (if applicant is under 21)

Name: _____

Title: ☐Dr. ☐Mr. ☐Mrs. ☐Ms. ☐Miss ☐Other _____

Relationship to Applicant: _____

Address: _____

City/State/Zip: _____

E-mail: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Occupation: _____

Parent/Custodial Guardian 2 (if applicant is under 21)

Name: _____

Title: ☐Dr. ☐Mr. ☐Mrs. ☐Ms. ☐Miss ☐Other _____

Relationship to Applicant: _____

Address: _____

City/State/Zip: _____

E-mail: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Occupation: _____

Emergency Contact (other than parent/guardian if the applicant is under 21)

Name: _____ Relationship to Applicant: _____

Home Phone: _____ Cell: _____

Email Address: _____ Work Phone: _____

Ethnicity (optional)

☐ Asian ☐ Caucasian (Non-Hispanic) ☐ American Indian/Alaskan Native

☐ Multi-Ethic ☐ Native Hawaiian or Pacific Islander ☐ Unknown

☐ Hispanic or Latino ☐ African American ☐ Other:_____

SIGNATURE REQUIRED Consent is hereby given for the applicant to attend an OUTWARD BOUND program and permission is given for any emergency anesthesia, operation, hospitalization or other treatment (whether for an emergency or not) which might become necessary. I agree to be responsible for any and all costs associated with such treatment, including the costs of evacuation, if any. All information will be kept confidential except that information may be disclosed to any medical or other provider as needed for my (or my child's) care. If Outward Bound arranges for treatment for me (or my child) by a medical provider, I authorize that medical provider to release information about me (or my child), and my (or my child's) condition and treatment to Outward Bound. Over the years, many students with a variety of medical and psychological difficulties have successfully completed our programs, but we must be aware of these conditions. Failure to disclose such information could result in serious harm to you (or your child) and fellow students. I understand that I (or my child) may be in remote areas, several hours or days away from any medical facility or where communication, transportation, or evacuation is subject to delay. If you (or your child) arrive at the program start with a preexisting medical, behavioral or psychological condition which is not indicated on your medical form and you are subsequently unable to participate fully or are forced to leave the program because of that condition, you may be charged an evacuation fee and may not receive a refund of tuition.

Applicant's Signature: _____ Date _____

Parent's/Guardian's Signature: _____ Date _____

(Required if applicant is under the age of 18 OR if applicant is a resident of Alabama and is under the age of 19 OR if applicant is a resident of Mississippi and is under the age of 21.)

PART II APPLICANT MEDICAL HISTORY: PAST AND PRESENT

A. MEDICAL CONDITIONS

Do any of the following apply to you? If YES check the box next to the item and provide detail in the spaces below. Include the following:

- Specific symptoms that are occurring
- How often symptom/condition occurs
- How long symptom/condition lasts
- How you care for symptom/condition
- Date of last occurrence
- Any restrictions

CONDITION	SYMPTOMS/RESTRICTIONS
☐ High Blood Pressure	
☐ Heart Disease	
☐ Heart Murmur	
☐ Irregular Heartbeat/Palpitations	
☐ Chest Pain/Pressure	
☐ Circulation Problems	
☐ Frostbite	
☐ Heatstroke	
☐ Frequent Dizziness/Fainting	
☐ History of Altitude Sickness	
☐ Severe Headaches/Migraines	
☐ Head Injury w/Neurological Impairment	
☐ Tuberculosis/Positive TB test	
☐ Asthma or COPD	
☐ Active or History of Hepatitis	
☐ Lyme Disease	
☐ Seizure Disorder/Epilepsy	
☐ Seizure within past 6 months	
☐ Bleeding/Blood Disorder	
☐ Sickle Cell Anemia	
☐ Sickle Cell Trait	
☐ Hypoglycemia (low blood sugar)	
☐ Diabetes	
☐ Cancer	
☐ Thyroid Problems	
☐ Gastro-intestinal Problems	
☐ Special Diet	
☐ Food Allergies	
☐ Kidney Problems	
☐ Urinary Tract Problems	
☐ Bedwetting	
☐ Orthopedic Problems	
☐ Broken Bones within past year	
☐ Hearing Impairment	
☐ Vision Impairment	
☐ Skin Problem	
☐ Motion Sickness	
☐ Sleep Walking	
☐ PMS/Menstrual Problems (severe)	
☐ Currently Pregnant	
☐ Medical Equipment/Devices	
☐ Other	

B. **ALLERGIES** Include allergies to medicine, foods, insect bites/stings, environmental, etc.

Allergy List Below	**Reaction** List Below	**Medication Required** If Any

C. MEDICATIONS YOU ARE CURRENTLY TAKING If psychiatric medication*, please list any medications taken or changed within the past 3 months*. Also, list any over-the-counter, inhalers, herbal supplements, etc.

Medication List Below	**Taken For** Symptom/Condition	**Dosage** Size/Frequency	**Date Started**	**Current Side Effects**	**Expiration Date**

NOTE: If you are taking prescription medications, you MUST bring them in ORIGINAL PRESCRIPTION BOTTLES with the physician's dosage directions. If possible, bring a double supply. *Any changes to the above noted medications or dosages prior to course must be shared with Outward Bound as soon as possible.*

D. **HOSPITALIZATIONS/EMERGENCIES** Please list any hospital, psychiatric, or urgent care visits within the past year.

Date of Visit/Admittance	**Reason**	**Length of Stay**

E. BLOOD PRESSURE

Blood Pressure: _____ Date Taken: _____ (Must be within 1 year of course start)
Blood pressure may be taken with apparatus at a local grocery or drug store.

F. IMMUNIZATIONS

We recommend that all of our participants have a current tetanus immunization (within 10 years)

PART III APPLICANT PSYCHIATRIC AND MENTAL HEALTH HISTORY

G. PSYCIATRIC AND MENTAL HEALTH CONDITIONS Within the past year.

Do any of the following apply to you? If YES, check the box next to the item and provide details on the spaces below.

- ☐ ADHD
- ☐ Anxiety Disorder
- ☐ Depressive Disorder
- ☐ Eating Disorder
- ☐ Learning Disability
- ☐ Personality Disorder
- ☐ Substance Related Disorder
- ☐ Other: _____
- ☐ Autism Spectrum Disorder
- ☐ Bipolar Disorder
- ☐ Disruptive and Conduct Disorder
- ☐ Intellectual Disability
- ☐ Obsessive Compulsive Disorder
- ☐ Schizophrenia Spectrum Disorder
- ☐ Trauma and Stressor Related Disorder

Describe: _____

Have you received treatment or therapy for any of the above, either currently or in the past year? If YES check the box next to the item and provide detail on the spaces below?

- ☐ Medication(s)
- ☐ Out Patient Counseling
- ☐ Day Treatment
- ☐ Residential Treatment
- ☐ Psychiatric Hospitalization

Describe: _____

If you checked any of the above, please provide the following information for your therapist and/or prescribing physician

Prescribing Physician Name: _____
Phone Number: _____
Fax Number: _____
E-mail: _____

Therapist Name: _____
Phone Number: _____
Fax Number: _____
E-mail: _____

PART IV APPLICANT PERSONAL HISTORY

H. LIFESTYLE

Do any of the following apply to you? If YES, check the box next to the item and provide details on the spaces below. Include dates, amounts, reasons, etc.

- ☐ Do you use alcohol? _____
- ☐ Do you use tobacco? _____
- ☐ Do you use recreational drugs or marijuana? _____
- ☐ Do you have a history or current problem with substance abuse or dependency? _____
- ☐ Have you been suspended or expelled from school in the past year? _____
- ☐ Have you been on probation or had any involvement with the justice system? _____

I. **CURRENT PHYSICAL ACTIVITY** List your current physical activity (if any). You will be expected to engage in rigorous physical activity during your Outward Bound experience. It is vital that you start (or continue) a physical fitness routine in preparation for the program.

Activity	Frequency	Time/Distance	Leisurely	Moderately	Intensely

J. SWIMMING ABILITY (CHECK ONE)

☐ Non-Swimmer ☐ Weak Swimmer ☐ Moderate Swimmer ☐ Strong Swimmer

Applicant Profile

RETURN

This section must be completed by the Applicant

1. Whose idea was it for you to sign up for an Outward Bound course this year?

2. Why did you choose to accept that challenge?

3. Briefly describe what you expect your course to be like.

4. Please name three specific goals you have for yourself on this course:
    1.
    2.
    3.

5. What steps are you currently taking to accomplish these goals?

6. What is your plan to prepare for your course physically?

7. Students often face high stress situations under adverse conditions. How do you handle high stress situations? Please provide an example of a time you needed to do so.

8. What is the best way for our instructors to support you when you are struggling or having a tough time on course?

9. What is your biggest fear or worry about this course?

10. Please provide an overview of your outdoor or wildness experience. Have you ever been on a multi-day expedition in the wilderness? Have you ever needed to chemically treat water to drink or had to dig a hole in the woods in order to poop?

11. What do you do for fun? What are your hobbies?

12. Please list five words you would use to describe yourself

13. Please list three questions that you have about your course?
    1.
    2.
    3.

14. What is your t-shirt size?

As a student, I am willing to:

_____ (initial) Engage each day as a full participant and try my best throughout the course

- Follow all safety procedures and environmental practices as explained by my instructors
- Be a reliable team member and act respectfully towards other students and my instructors
- Live up to the expectation that I neither bring, obtain, nor use tobacco, alcohol, marijuana, or illegal drugs.
- Refrain from socially exclusive behavior including sexual activity

Parent Section RETURN

Parents/Legal Guardians:
Outward Bound is an ideal choice for motivated students that are ready for physical, social, and emotional challenges. We encourage you to find an hour or two, with your child, to go over all the materials that we provided.

Person completing this form: _____

Relationship to Participant: ☐ Parent ☐ Guardian ☐ Other

Applicant Name:_____Course #:_____

Who is paying for the course? _____

It is helpful to have an accurate picture of the family relationships, guardianships, custody issues, etc. Are there other adults, step-parents, or partners involved? ☐ YES ☐ NO
Please list below with phone and email.

1. _____
2. _____
3. _____
4. _____

Which statement best describes the living situation?

☐ Lives with both parents
☐ Shared custody
☐ Single parent full custody
☐ Other _____

1. Whose idea was it to take an Outward Bound course this year? How much input did the student have in the selection of this specific course?

2. What would you consider success for your child on this course?

3. Describe what you expect this course to be like.

4. What has your child been doing to physically prepare for the course?

Parent Section (cont.) RETURN

5. Students often face high stress situations on course under adverse conditions. How does your child handle high stress situations? Please provide an example of a time they faced adversity or handled a high stress situation.

6. What is the best way you have found to support your child when they are struggling?

7. What role does your child normally take in a social or group setting? Are they shy and quiet, a strong leader, an active follower, a joker, etc.?

8. What is your biggest concern for your child going on this course?

9. What would you identify as your child's greatest strengths?

10. What areas would you identify as your child's weaknesses or growth areas?

11. What are you most proud of about your child?

12. Is there any other information you feel would be helpful for our instructors?

Signatures/Initials RETURN

Travel Insurance

COBS strongly recommends purchasing travel insurance from a third party in order to protect you in the event of an emergency cancellation or early medical departure, as we are unable to provide refunds or credits in these cases. Travel insurance differs from company to company and from policy to policy, but it can often cover both travel costs and full or partial tuition costs in the event of medical emergencies. There are many companies that offer it, but we've seen success with Travelex Insurance (www.travelexinsurance.com). Of course there are other options and you should make sure to research your decision carefully. You are also welcome to contact our travel agent, Ruby Frederick at ruby@southlandstravel.com or 303-680-5241 for assistance with this.

Please read and initial the following after you have read and agreed to it:

_____ (parent/guardian initial) I have read the COBS Admissions and Cancellation Policies document and understand the application, cancellation, expulsion, and early departure policies and related penalties.

_____ (parent/guardian initial) I understand that researching and deciding to purchase or decline travel insurance is my responsibility.

Commitment to Course

We would like both of you (the student and the parent/guardian) to initial the following after you both have read and agreed to it, and then sign below:

_____ _____ The information I have provided is accurate and complete.

- I have read all of the course and COBS information
- I understand that this course may be in remote areas, several hours or days away from any medical facility or where communication, transportation, or evacuation is subject to delay.
- I understand that this course will be physically, socially, and emotionally challenging, involves living with a group of diverse participants, and is NOT a recreational summer camp and should in no way be considered a vacation. I am ready to take on the challenge of the Colorado Outward Bound School.

_____ _____

Applicant's Signature & Date **Parent/Legal Guardian & Date**