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: _____ Therapist Name: _____

Phone Number: _____ Phone Number: _____

Fax Number: _____ Fax Number: _____

E-mail: _____ 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

OUTWARD BOUND

Applicant Profile - Veterans

RETURN

This section must be completed by the Applicant.

1. Why are you interested in attending Outward Bound?

2. Describe what you expect your course to be like.

3. What are your goals for this course?

4. What are your plans to prepare physically for the course?

5. Please list three words you would use to describe yourself

   1. _____
   2. _____
   3. _____

6. Which branch of the military did you serve in?

7. What Military Unit were you assigned to and what is your Military Occupational Specialty?

8. What country or countries did you serve in and what were the periods of deployment?

Applicant Profile – Veterans (continued) RETURN

9. What questions or concerns do you have about your course?

10. Is there any other information you feel would be helpful to our staff?

11. What is your t-shirt size?

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

_____ (initial) 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 should in no way be considered a vacation. I am ready to take on the challenge of the Colorado Outward Bound School.

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

_____

Applicant's Signature & Date

CANCELLATION POLICY:

TUITION

The tuition expense for your Veterans Program is fully funded by several generous donors. These anonymous donors believe that investing in an Outward Bound experience for veterans and service members honors their service to our country.

However, due to the expense of program planning, staffing and provisioning of crews, we cannot recover our expenses in the event of short-notice cancellations or transfers. Also, and most unfortunate, is that short-notice cancellations deplete the funds that have been so generously provided by our donors in support of the program.

You will be charged a $250 Cancellation Fee only if you cancel 30 days or less prior to your program start.

EXCEPTION: If you are currently on active duty or are a member of the National Guard or Reserves and receive orders to deploy and cannot attend, we will (with documentation) waive this Cancellation Fee.

TRAVEL

If a plane ticket is required, Colorado Outward Bound School will book a plane ticket in your name upon approval of your medical record. If you cancel after purchase of the ticket or do not show up for your program, Colorado Outward Bound will charge your credit card the entire cost of the purchased ticket **as well as** the $250 Cancellation Fee.

EXCEPTION: If you are currently on active duty or are a member of the National Guard or Reserves and receive orders to deploy and cannot attend, we will (with documentation) not charge you for the cost of the ticket.

This completed form is **required** to participate on this program. Completing and signing the form is acknowledgement of our **$250 CANCELLATION FEE PENALTY and your responsibility to pay for your unused plane ticket.**

METHOD OF PAYMENT

Charge my:

- ❑ VISA
- ❑ MASTERCARD
- ❑ DISCOVER

CONFIDENTIAL CREDIT CARD INFORMATION

Cardholder Name:_____

Cardholder Signature:_____

Card Number: _____ Expiration Date:_____

CVV Number _____ REQUIRED - The CVV number is the 3 or 4 digit number on the back of your card.

Cardholder's Billing Address and Zip Code:_____

Your card will not be charged at enrollment. Your card will only be charged under the circumstances outlined above.

Colorado Outward Bound School
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