



FOLLOW-UP

APPROVAL

4 PAGE PARTICIPANT MEDICAL RECORD

OFFICE USE ONLY

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-Ethnic 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 long symptom/condition lasts
- Date of last occurrence
- How often symptom/condition occurs
- How you care for symptom/condition
- Any restrictions

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

- | | |
|---|---|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Autism Spectrum Disorder |
| <input type="checkbox"/> Anxiety Disorder | <input type="checkbox"/> Bipolar Disorder |
| <input type="checkbox"/> Depressive Disorder | <input type="checkbox"/> Disruptive and Conduct Disorder |
| <input type="checkbox"/> Eating Disorder | <input type="checkbox"/> Intellectual Disability |
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Obsessive Compulsive Disorder |
| <input type="checkbox"/> Personality Disorder | <input type="checkbox"/> Schizophrenia Spectrum Disorder |
| <input type="checkbox"/> Substance Related Disorder | <input type="checkbox"/> Trauma and Stressor Related Disorder |
| <input type="checkbox"/> Other: _____ | |

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?

- | | |
|---|--|
| <input type="checkbox"/> Medication(s) | <input type="checkbox"/> Residential Treatment |
| <input type="checkbox"/> Out Patient Counseling | <input type="checkbox"/> Psychiatric Hospitalization |
| <input type="checkbox"/> Day Treatment | |

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



Applicant Questionnaire

Outward Bound is an ideal choice for motivated students that are ready for mental, physical, social, and emotional challenges. We encourage you to go over all the materials that we provided and make sure the Colorado Outward Bound School is the right choice for you.

1. Whose idea was it for you to sign up for a Colorado Outward Bound School course this year, and how would you rate your motivation to complete your course?

Low Motivation 1 2 3 4 5 6 7 8 9 10 **High Motivation**

2. Briefly describe what you expect your course to be like.
3. COBS courses are physically challenging for most people. What have you been doing for fitness that will help you on course?
4. Students often face high stress situations under adverse conditions (ex- finding camp after a long day in the rain). How do you handle high stress situations? Please provide an example of a time you faced a high stress situation and tell us how you handled it.
5. What is the best way for our instructors to support you when you are struggling or having a tough time on course?
6. 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?
7. Is there any other information that would be helpful?
8. What is your t-shirt size? S M L XL



Parent Questionnaire

Outward Bound is an ideal choice for motivated students that are ready for mental, physical, social, and emotional challenges. We encourage you to go over all the materials that we provided and make sure the Colorado Outward Bound School is the right choice for you.

Person completing this form: _____

Relationship to Participant: Parent ___ Guardian ___ Other ___

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. _____ | 3. _____ |
| 2. _____ | 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. What is your biggest concern for your child going on this course?
4. 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.
5. What is the best way you have found to support your child when they are struggling or upset?
6. Is there any other information you feel would be helpful for our instructors?



Trip Insurance

COBS strongly recommends purchasing trip insurance from a third party in order to protect you in the event of an emergency cancellation or early medical departure. COBS is unable to provide refunds or credits in these cases.

Trip 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.

Our travel agent, Ruby Frederick at ruby@southlandstravel.com or 303-680-5241 is very familiar with trip insurance and is a great resource for questions about the best trip insurance for you.

Researching and deciding to purchase or decline trip insurance is your responsibility.



COBS Course Culture & Behavioral Standards

Part A – Overview and Introduction

- We all come from different backgrounds/walks of life – COBS’ aim is to create a culture of safety and inclusion (that may or may not require you to operate under different norms/structure than is usual for you) to ensure a positive environment and experience for all students.
- COBS demands your support in this process, and will not tolerate any anti-social behavior that negatively affects any individual or the group culture.

Part B: Non-negotiable course behavior

COBS adheres to the following behavioral standards on all its courses.

- **Drug / Alcohol Use**
 - No use of illegal drugs, including marijuana
 - No illegal use of Rx drugs (sharing, over use, etc.)
 - No alcohol, no tobacco
 - No changing your prescription routine without consulting instructors

- **Anti-Social Behavior**

Emotional safety is paramount to building trust. Being able to be vulnerable and trust others creates a more powerful learning dynamic which allows groups to excel at a variety of tasks and challenges. Things that will take away from emotional safety are: sexually explicit language, racial jokes, rape jokes, ostracizing individuals, or exclusion of specific groups.

- No harassment or abuse of staff or other students, including:
 - Sexual Harassment – unwelcome sexual advances, sexual gestures, sexual comments, pressure for sexual activity, threats, offensive jokes, ridicule, slurs, derogatory actions or remarks, etc.
 - Verbal Harassment – behavior that attacks, disturbs, or torments others. It can take the form of slurs, comments, jokes, innuendoes, unwelcome compliments, pictures, cartoons, pranks, or any other conduct which creates a perceived intimidating, hostile, or offensive environment (e.g. swearing, verbal threats, bullying, intimidation, scapegoating etc.)
 - Discrimination / prejudice, based on:
 - Race
 - Color
 - Religion
 - Gender/Gender Identity
 - Age
 - National Origin
 - Sexual Orientation
 - Disability
 - Pregnancy
 - Creed
 - Ancestry
 - Citizenship
 - Political Affiliation
 - Marital Status
 - Veteran Status
 - Any other factor prohibited by law

- No abuse/physical aggression - unwanted contact that is associated with aggression or violence in any way. Including:
 - Any violence or assaultive behavior
 - Threatening physical aggression
 - Intimidating posturing
- No Sexual Abuse – any unwanted contact (either overt or covert) from another individual. This can take the form of touching or being forced to touch another in a sexual context.
- No exclusive language and conversation topics
 - Stereotyping or promoting negative stereotypes
 - Promoting or celebrating any of the acts on this list (illegal behavior, drug use, sexual activity, etc.)
 - Telling jokes or quoting media that promote anything on this list

- **Exclusive or Sexual Relationships**

COBS are responsible for your individual safety, and the culture of the entire group. As such, we do not tolerate exclusive cliques or sexual behavior of any kind (intercourse, oral, heavy petting, and kissing is included in this category).

- No exclusive relationships and cliques
- No romantic or sexual behavior – wanted or unwanted
- No sexual activity, no kissing, no romantic pursuits during course
- No unwanted physical contact

- **Safety Standards**

COBS requires everyone to understand and follow safety instructions; respect and maintain a high level of group and self-care, and care for our equipment and our environment. If you are not able to follow COBS instructions, we cannot trust you to safely participate on our course.

- You must follow all COBS instructor safety directions
- No negative leadership – encouraging others to not participate, to break rules, or to act disrespectfully
- No destruction of property (COBS, public, or private)
 - Vandalism
 - Defacement or graffiti
 - Misuse of personal and group gear

Part C: Consequences of non-adherence to COBS behavioral standards

As an organization, COBS is entrusted with your safety; physical, emotional, and psychological. If you are in breach of any of our behavioral standards, we have a duty to remove you from course in order to protect the group culture and the safety of the other students.

- Illegal behavior (e.g. use of illicit drugs, sexual harassment) will lead to immediate removal from course, and may include the notification of proper authorities (e.g. Police).
- Any acts in breach of our behavioral standards will be met with at least a warning that that behavior is unacceptable. This can include:
 - Verbal / written warning
 - Behavioral contract and calls home to guardians and parents
- Subsequent breaches of a behavioral contract will lead to immediate removal from course.

I have read the above and, without undue influences from others, agree to all the terms of the COBS Course Culture & Behavioral Standards, and I understand the Expulsion/Early Departure Policy.

Applicant's Signature & Date

Parent/Legal Guardian Signature & Date