



# BALARAT

OUTDOOR EDUCATION

## Registration Form (3-day)

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Student ID # \_\_\_\_\_

School \_\_\_\_\_ Teacher \_\_\_\_\_

Student's Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Legal Guardian Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Second Parent/Legal Guardian Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### EMERGENCY PROCEDURES

Any child who appears to be ill or has had an accident will be closely checked and observed by the Balarat staff member present. In consultation with parents and the classroom teacher, the Balarat staff person in charge will make the final decision as to appropriate action. If the child has to be returned home, the following steps will be taken:

1. The Balarat staff person in charge will contact the parent/guardian regarding the illness or injury.
2. The Balarat staff person in charge will make the necessary transportation arrangements for the child.
3. The parent or legal guardian must make necessary arrangements at home to receive the child.

If the parent or legal guardian cannot be notified and immediate medical care is indicated, special emergency care and/or evacuation will be arranged through the Balarat staff, and/or emergency medical services. Please note that the Denver Public Schools does not assume financial responsibility for any medical costs that may be incurred.

To my knowledge, this student is in satisfactory health to fully participate in this activity. If he/she has diabetes, epilepsy, allergies, heart disease, or any other physical condition that requires daily medications or special attention, I have given directions.

I give permission for my child to participate in the program at Balarat from (Date) \_\_\_\_\_ to (Date) \_\_\_\_\_.  
By signing this registration form I certify that the information provided is accurate.

**The Balarat food prices are related to your child's lunch eligibility status.** Your child's lunch eligibility status will be held in confidence by the Balarat staff and will be used solely for certifying payment criteria for meals at Balarat.

**Please check the appropriate amount to cover your student's food costs.**

\_\_\_ \$33.50 (full pay)      \_\_\_ \$27.50 (reduced)      \_\_\_ \$26.00 (free lunch)

Please pay in cash or write a check to your student's school for the amount you owe.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

**\*\* Continue on the back of this page\*\***

**Allergies**

Does your child Have any allergies (circle one)

No

Yes

If Yes, what happens when they come into contact with the allergen?

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Do they have medication for this allergy?

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**Medications**

Is your child currently taking any medication (circle one)

No

Yes

If **Yes**, please attach a **DPS Student Medication Request Release Agreement** for *each medication taken*.

Any medicine given while at Balarat must be in a prescription bottle and be accompanied by a current (within 20 days) written order from the student's physician and a written request from the parent or guardian to administer the medication.

**Physical Disability**

Please list any *non-allergy* physical or medical conditions that would be helpful for us to know about your child.

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**Special Dietary Needs**

Please indicate below if your child has special dietary needs due to health conditions, allergies, or religious practice, (*NOT* food preferences). If there is a dietary issue please let your classroom teacher and the Balarat office know 2 weeks in advance of the trip so we can plan accordingly. Our kitchen staff can accommodate many dietary needs, but not without knowing of these needs well beforehand. Students may need to bring their own food for dietary needs.

**Circle any that apply**

Vegetarian

Vegan

No pork

No red meat

No peanuts

No tree-nuts

No dairy

No wheat/gluten

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

**\*\*Please read and sign the front of this page\*\***