



CSU HEALTH NETWORK
COLORADO STATE UNIVERSITY

Eco-Experience Emergency Contact and Health Information

Child Last Name/First Name: _____ Date of Birth: _____

School & Session Date: _____ Male Female (please circle)

Weight: _____ Height: _____

Emergency Contact Information:

Mother/guardian: _____

Work phone: _____ Home phone: _____ Cell: _____

Father/guardian: _____

Work phone: _____ Home phone: _____ Cell: _____

Other emergency contact: _____

Work phone: _____ Home phone: _____ Cell: _____

Licensed Medical Provider: _____ Contact Number: _____

Health Information:

1. Current Medical Problems and Treatments:

2. Medications:



NOTE: If your child needs medication for any of the conditions listed above during the extended field trip, an Authorization and Release for Administering Medication to Student at CSU Mountain Campus form must be completed for each medication.

3. Allergies: (List any medication, food, environmental, adhesive or others. Please include what type of reaction).

Does your child have an Epi-Pen? YES NO (Please circle)

4. Are immunizations up to date: YES NO Date of last tetanus shot: _____

5. Recommendations: (List any items child will have in possession (e.g., glasses, contacts, hearing aid, glucose kit, brace, etc.)

6. Restrictions: (List any physical activity restrictions)

MENTAL, EMOTIONAL and SOCIAL HEALTH

1. Has the child gone through any significant family changes? (Death, divorce, adoption, abuse, etc.). If yes, please describe:

2. Are you concerned with the child's ability to cope with homesickness? If yes, please explain why.



3. Mental, Emotional and Social Health History

- ☐ Attention Deficit Disorder
- ☐ Obsessive-Compulsive disorder
- ☐ Depression
- ☐ Panic, Anxiety Disorder
- ☐ Disordered Eating
- ☐ Substance Abuse
- ☐ Learning or Processing Challenge
- ☐ Other Mental, Emotional, or Social Health

4. Issue

YES NO

- Has the child received professional treatment for this issue in the past 12 months?
- Is the child currently taking prescription medication for this issue?
- Do you think eco-experience will be a positive experience for the child?

5. List any behaviors that would indicate decompensation related to the above issue?

Parent/Guardian Signature _____ Date _____

