



Risk Management
2407 LaPorte Avenue
Fort Collins, CO 80521
970-490-3506

Emergency Contact and Health Information

School: Kruse Elementary

Destination: CSU Mountain Campus

Trip Dates: 08/30/17 to 09/01/17

Student name: _____

Date of birth: _____

Emergency Contact Information

Parent/Guardian: _____

Cell Phone: _____

Work phone: _____

Home phone: _____

Parent/Guardian: _____

Cell Phone: _____

Work phone: _____

Home phone: _____

Other Contact: _____

Cell Phone: _____

Work phone: _____

Home phone: _____

Health Information

1. Please be aware that my child has the following medical conditions, mental or behavioral health concerns, recent illnesses, injuries or surgeries that may impact trip participation (please attach a separate sheet if necessary):

NOTE: If your child will need medication for any of the conditions listed above during the Field Trip, an Authorization and Release for Administering Medication to Student at School or School-Sponsored Activity form must be completed for each medication.

2. My child will be taking the following items on the Field Trip (e.g., glasses, contacts, hearing aid, glucose kit, etc.)

Parent/Legal Guardian Signature

Date