



2009-10

Emergency Form

Student's Name _____ *DOB* ____/____/____ *Student ID #* _____

Parent/Guardian Name(s) _____

Address _____

Phone _____ *(h)* _____ *(w)* _____ *(c)* _____

Parent E-mail _____ *Student E-mail* _____

Emergency Numbers

In case of emergency, please contact: _____
at _____ or _____

If unable to reach above, please contact: _____
at _____ or _____

Doctor's?Clinic's name: _____ Phone #: _____

Health insurance plan name: _____ # _____

Hospital to transport to in case of emergency: _____

**PLACE
PICTURE
HERE**

This is to be used
by rescue workers
in the event of an
emergency

Special Conditions/Instructions

Medical Conditions or Significant Medical History:

- Asthma or allergies(please describe) _____
- Allergic to bee stings (must bring two epinephrine kits with) _____
- Diabetes or epilepsy (please describe) _____
- Corrective lenses (glasses or contacts) _____
- Other health conditions (please describe) _____
- Medication: _____ For the treatment of: _____ Time: _____
- Medication: _____ For the treatment of: _____ Time: _____
- Medication: _____ For the treatment of: _____ Time: _____
- Special instructions to be followed in dealing with student: _____

Transportation

I understand that most of the Expeditions/Events will take place off of school grounds.

_____ I authorize Edina Public Schools to transport the above-named student to and from any of the Expeditions/Events. *(please initial box)*

_____ I also understand that I may be responsible for making arrangements for transportation of the above-named student to and from some Expeditions/Events, when necessary. *(please initial box)*

~~~~~

**Acknowledgement of Personal Risk and Responsibility**

I have carefully considered and talked with my parent(s)/guardian(s) regarding my participation in SALT Expeditions/Events. I understand that these activities will be physically and emotionally challenging and that I will, at times, be exposed to above-normal risks and conditions, some posing real danger.

I understand that Edina High School (EHS) and Volunteers of America Education Center (VOAEC) have taken precautions to provide excellent instruction and well-qualified supervisors for the Expeditions/Events. Nevertheless, I realize that it is impossible for them to guarantee absolute safety. I understand that I am responsible for my decisions and actions, and am prepared to be held accountable for my decisions and actions.

I hereby verify that I have no physical or psychological conditions that would preclude my participation. I also agree to comply with any and all instructions and directives of the instructors during the Expeditions/Events. I agree that EHS and VOAEC reserve the right to deny my continued participation should my behavior compromise the safety of myself or others.

Finally, the guidelines that apply during my participation in the Expeditions/Events regarding the use of alcohol, drugs, tobacco, weapons, and technology, as well as sexual or other inappropriate activity, have been explained to my parent(s)/guardian(s) and me, and I agree to follow them.

**I HAVE READ AND AGREE TO THE ABOVE GUIDELINES  
AND GIVE PERMISSION FOR EDINA SCHOOLS TO TAKE THE ABOVE-NAMED STUDENT  
ON SALT EXPEDITIONS/EVENTS DURING THE SCHOOL YEAR.  
I ALSO AUTHORIZE INSTRUCTORS TO PROVIDE FIRST AID AND  
SEEK EMERGENCY MEDICAL CARE AND/OR HOSPITALIZATION, IF NEEDED.**

\_\_\_\_\_  
**(Parent Signature)**

\_\_\_\_\_  
**(Student Signature)**

\_\_\_\_\_  
**(Date)**