



COTTONWOOD INSTITUTE

"Changing the world one adventure at a time"

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HEALTH-CARE PRACTITIONER APPROVAL FORM

Dear Health-Care Practitioner,

[Participant Name]: _____ is enrolled in a Cottonwood Institute program. The Cottonwood Institute is a non-profit organization that develops innovative educational programs that blend adventure and service to transform the way students interact with their community and the environment. Cottonwood Institute programs and activities range from 1 hour to 7 days in length and may include, but are not limited to day hikes, hiking/backpacking trips, overnight camping trips, and other activities that may take place more than an hour from definitive medical care. The participant may engage in strenuous activities that may include but are not limited to exposure to altitude, cold water, extreme weather conditions, fatigue, and/or remote conditions where readily available medical care cannot be assured.

Please review the medical records on file for the above-mentioned participant and fill out the following information:

Please list all life threatening illnesses and/or special medical concerns:

List all prescriptions and/or over-the-counter medications	Frequency and dosage of medication	Reason for use	Known/Potential side-effects

Please explain any recommendations, restrictions, or limitations that would allow the participant/patient to participate in all Cottonwood Institute programs or activities: (The Cottonwood Institute may or may not be able to make these accommodations.)

By signing below, you hereby approve that the above participant/patient:

- May participate in all Cottonwood Institute programs and activities, assuming the recommendations, restrictions, or limitations listed above can be provided.
- May carry or self-administer the non-prescription and/or over-the-counter medications listed above during Cottonwood Institute programs and activities.

Signature of Health-Care Practitioner:

Date:

Print Name Here:
