

Alpine Camp and Conference Center

**Outdoor Adventure**

First Aid/Health Care Provider Release

I certify that \_\_\_\_\_ , is First Aid and CPR certified,  
(Name of person designated as First Aid/Health Care Provider)

and is authorized by \_\_\_\_\_ , to distribute over-the-counter  
(Name of School/Group)

medications, parental sent prescription medication and administer first aid treatment to all students and adults from their school/group attending the Outdoor Adventure program at Alpine Camp and Conference Center.

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_