

LAST NAME

FIRST NAME

MIDDLE NAME/INITIAL

DOCTOR'S NAME

DOCTOR'S PHONE NUMBER

HEALTH CARD NUMBER

MEDICAL NEEDS & INFORMATION

Attach additional forms if needed

DOES THIS CHILD HAVE LIFE THREATENING ALLERGIES?

 NO YES

If yes please attach additional Anaphylaxis form

 DOES YOUR CHILD HAVE ANY NON-LIFE THREATENING ALLERGIES NO YES

IF YES PLEASE SPECIFY:

DOES THIS CHILD HAVE ASTHMA?

 NO YES → IF SO, HOW SEVERE:

 MILD MODERATE SEVERE ACTIVITY INDUCED

Please detail medications & treatment plan:

****If your child requires an epi-pen or inhaler please leave them with the instructor and discuss this plan with your child and the instructor****

HEALTH HISTORY

Has your child experienced, currently experiencing, taking medication, or seeking treatment for any of the following:
 BACK, NECK PAIN OR INJURY

 BEHAVIORAL ISSUES

 BLACKOUTS, FAINTING

 BLEEDING DISORDERS

 CHEST PAINS

 CHRONS, COLITIS, IBS

 CONCUSSIONS

 DEVELOPMENTAL OR LEARNING

 DISABILITIES

 DIABETES

 EPILEPSY, SEIZURES

 FETAL ALCOHOL SYNDROME

 HEADACHES, MIGRAINES

 HEART, KIDNEY, ORGAN

 CONDITIONS

 MOTION SICKNESS

 NOSEBLEEDS

 SPRAINS, STRAINS

 FRACTURES

 OTHER, PLEASE EXPLAIN:

****In case of incident or emergency please describe the current status of any conditions/concerns selected above on the back page****

 DOES THIS CHILD HAVE A CURRENT TETANUS IMMUNIZATION?: NO YES

 DOES THIS CHILD HAVE ANY LIMITATIONS TO PARTICIPATION? (PHYSICAL, EMOTIONAL, SOCIAL OR OTHERWISE THAT WILL AFFECT THEIR ENJOYMENT OF THE PROGRAM): NO YES → PLEASE EXPLAIN:

MAY THE FOLLOWING OVER-THE-COUNTER MEDICATIONS BE ADMINISTERED TO YOUR CHILD IF DEEMED NECESSARY BY WILDERNESS FIRST RESPONDER CERTIFIED INSTRUCTORS?

 ACETAMINOPHEN (TYLENOL) ANTACIDS ANTIHISTAMINES (BENADRYL) GRAVOL IBUPROFEN (ADVIL) NONE

EMOTIONAL CONSIDERATIONS:

Attach additional information if needed

IN THE PAST YEAR HAVE THERE BEEN ANY CHANGES IN THE HOME OR FAMILY?

 BIRTH MARRIAGE DIVORCE SEPARATION DEATH OTHER NONE

 DOES YOUR CHILD MAKE FRIENDS EASILY WITH... YOUNGER KIDS OLDER KIDS SAME AGE ADULTS

 IS YOUR CHILD ... EAGER TO ATTEND NERVOUS OR ANXIOUS TO ATTEND URGED BY PARENTS OR GUARDIAN TO ATTEND

 DOES THIS CHILD HAVE ANY OTHER EMOTIONAL NEEDS OR CONSIDERATIONS? NO YES → PLEASE DESCRIBE:

I, _____, do hereby declare that I am the parent or legal guardian of the above participant, and consent that he/she may participate in activities at Hoodoo Adventure Company. I certify that the above information is true and accurate, and agree to advise Hoodoo Adventure Company, in writing, of any change to the medical condition of the person listed above. I understand that unless Hoodoo Adventure Company hears from me otherwise, they will assume all medical information is unchanged from the date of this agreement.

 PARENT/GUARDIAN SIGNATURE

 PARENT/GUARDIAN NAME

 DATE

