



MEDICAL RELEASE AND HISTORY FORM

School Name _____ Tour Leader Name _____
Student Name _____ Birth Date _____

Parent/Legal Guardian Information:

Parent/Legal Guardian _____ Address _____
City, State, Zip _____ Home # _____
Cell # _____ Work # _____ Office # _____

Student Information:

Family Physician _____ Phone _____
Alternative Emergency Contact _____ Phone _____

Please list any known Allergies: _____ List of current Medications: _____

***Allergies:** Please ensure your child has an epinephrine pen – as this is an outdoor adventure.

***Asthma:** Please ensure your child has two (2) inhalers, one for your child to carry and one for the trip leader to carry.

***Diabetes:** Please check with your child's physician on insulin levels as there will be elevated activity throughout the trip.

Does your child have any medical implants? _____ Wear Contacts? _____ Pregnant? _____

Circle and explain all of your child's medical history (including but not limited to):

Asthma, Angina, Altitude problems, Allergic reactions, Back problems, Blackouts,
Chest pains, Concussions, Diabetes, Drug reactions, Dislocations, Epilepsy,
Heart conditions, Seizures, Unusual blood pressure

Please Explain:

Please explain any conditions that may limit participation?

As the parent/legal guardian of _____, I request in my absence the above student be admitted to any hospital, dentist, and staff of duly licensed as Doctors of Medicine or Dentistry or licensed nurses or medical technicians, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor.

Parent/Legal Guardian Signature & Date: _____

By signing the medical release and history form you agree that you have accurately read and completed the above guidelines.

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