

High Country Forest Wild, LLC.

Participant Health Information

Participant's Name: _____

Birth date: _____ Age: _____ Gender: _____

Height: _____ Weight: _____

Date of last Tetanus Booster Immunization: _____

Does the participant have all current immunizations required to attend public schools? **Y N** - if not please explain:

Medication(s) taking: _____
Dosage(s): _____ Time to be administered: _____
Dosage(s): _____ Time to be administered: _____
Medication notes:

Does the participant have any allergies (medications, environmental, foods, bees, animals, etc.)? Please describe:

Has the participant ever had any **severe allergic reactions** to any of the above? Please describe:

Does the participant have a history of:

Seizures? **Y N** (If yes, please explain)

Asthma? **Y N** Treatment Used: _____

List any physical/mental restrictions, previous medical conditions, operations, etc. that might affect participation:

Participant Health Information – page 2

Other factors we should be aware of to best care for the participant (diet restrictions, sensitive issues, etc):

Emergency Contact Information

Participant's Name _____

Legal Guardian's Name(s) _____ Phone(h) _____ (w) _____

_____ Phone(h) _____ (w) _____

Address: _____

Other Emergency Contact: _____ Phone(h) _____ (w) _____

Insurance Company: _____

Policy Number: _____

Medical Liability Release

I certify that all health information recorded on the Participant Health Information form is correct and thorough. I understand that there is an inherent risk of injury and/or loss of life resulting from participation in outdoor programming. I assume all risks and hazards incidental to such participation, including transportation to and from the program. I hereby waive, release, and agree to hold harmless High Country Forest Wild, LLC., its employees, its volunteers, and any sponsoring agency for any claims arising out of any loss or injury that the participant might sustain while engaged in this program. I understand that High Country Forest Wild does not provide insurance for participants, and is not responsible for the medical condition of the participant, nor any medical costs incurred resulting from emergency treatment or patient evacuation. If the need arises, I give permission to the staff and volunteers of High Country Forest Wild to perform first aid on the participant. In the event of an emergency in which the participant must be taken to the hospital for treatment, I hereby give permission for hospital staff to begin treatment immediately.

Signature of Parent/Legal Guardian

Date

Signature of Participant

Date