



MEDICAL INFORMATION & RELEASE

(must be signed and returned as part of your registration)

Note: All medical information will be confidential.

IMPORTANT: Field Expedition activities can be strenuous and undertaken in harsh conditions. Extended hiking on steep, loose hillsides and heavy lifting are common, as well as 90+ degree temperatures. You **must** be able to complete these and similar tasks regularly to participate, and you **must** have full medical insurance to participate.

Participants should consult their physicians before registering for this experience.

Name: _____
(Last) (First) (Middle)

Age: _____ Date of Birth: _____ Gender: _____

Height: _____ Weight: _____

Emergency Contact Information

Name: _____
(Last) (First)

Relationship: _____

Phone Number: _____
(Daytime) (Evening)

Medical History

List any allergies you have and the medications (if any) you take for them.



List any conditions for which you are currently, or have been recently treated for:

List any medications (prescriptions and over-the counter) that you are currently taking and the condition for which it is intended:

Medication	Condition
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Medical Insurance

Insurance Company: <hr/>
Policy #: <hr/>
Group #: <hr/>

I certify that all of the personal medical information provided in this document is accurate and complete.

Participant Signature:

Date:

Parent/Guardian's Signature:

Date:
