

DIETARY RESTRICTIONS:

Please indicate any current dietary restrictions:

- Vegetarian
- Vegan
- Other: _____
- Gluten Intolerant
- Lactose Intolerant

IMMUNIZATIONS:

Has the participant received a Tetanus shot within the last 10 years? YES NO

Are all other immunizations up-to-date? YES NO

MEDICAL CONCERNS:

Please indicate any medical issues the participant has been treated for:

- Seizures or Epilepsy
- Diabetes
- Asthma
- Bleeding Issues
- Other significant medical issues requiring full awareness of instructors: (Please describe below).
- Sleep Walking
- Debilitating Sport Injury
- Heart/Circulatory Issues
- Concussion(s)
- Nosebleeds
- Urinary Tract Infections
- Thyroid Disease
- Migraine Headaches

Provide details of all major or recent medical concerns, illnesses, operations, injuries or treatments.

Provide details of any other physical or emotional concerns for which treatment may be necessary at the program or trip.

List all regular medications as well as all non-prescription medicines or supplements that will be brought to the program or trip. *Attach a separate page if necessary.*

To the best of my knowledge, _____ (participant’s name) is in good health, free of communicable disease, and physically able to participate in all ALIVE Outdoors activities, except as noted above for medical reasons only. In case of medical and/or surgical emergency, and I am not immediately available for consultation, I hereby give permission to the physician, instructors and/or first aid personnel selected by the camp director or lead facilitator, to secure proper treatment (i.e. hospitalization, injections, transfusions, anesthesia or surgery as appropriately required) for the person as named above.

By signing below, I certify that the information contained in this medical form is accurate, and that I agree with the statements as described.

Signature of parent/guardian
 (or participant - if over 18 years of age)

Date