



LASTING ADVENTURES, INC.
"Creating Yosemite Memories that Last a Lifetime"
P.O. Box 1078 · Groveland, CA. 95321 · 1-800-513-8651
www.LastingAdventures.com

Participant Medical Form

Confidential information used in emergencies only.

Participant's Name: _____ Date of Birth: ___/___/___ Sex: ___ Age: ___

Street Address: _____ Height: _____ Weight: _____

City / State / Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact (1): _____

Street Address: _____

City / State / Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

If not available in an emergency, notify:

Name / Relationship: _____ Phone: _____

Additional Phone Numbers: _____

Name of physician: _____ **Phone:** _____

Name of dentist/orthodontist: _____ **Phone:** _____

Insurance: Each participant is responsible for medical expenses.

Insurance Company: _____

Policy Number: _____ Group Number: _____

IMPORTANT – This box must be completed for Participation

This health history is correct to the best of my knowledge; I believe myself to be physically and emotionally capable of participating in all prescribed camp activities except as noted. I further agree to accept all costs associated with any medical treatment. **I hereby give my permission to Lasting Adventures and all affiliates (including field staff and outfitters):**

1. To have access to my medical information included on this form.
2. To select medical personnel and to order X-rays, routine tests, or treatment for the participant listed above.
3. To make relevant medical information available to medical personnel.
4. To provide ongoing health care during the Adventure.

Emergency Authorization: In the event my emergency contact cannot be reached in an emergency, I hereby give permission to the physician selected by Lasting Adventures to hospitalize and secure proper treatment for and order injection and/or anesthesia and/or surgery for the participant named above. This form may be photocopied for use in the field.

Signature of participant: _____ **Date:** _____

I also understand and agree to abide by the restrictions placed on my camp activities.

Signature of participant: _____ **Date:** _____

GEAR REQUEST

____ Backpack ____ Sleeping Bag ____ Sleeping Pad ____ Eating Gear (bowl, cup, spork) ____ Trekking Poles

____ Tent (Indicate 1,2, or 3 person). Sharing with: _____

Participant Name: _____

Adventure Dates: _____

Health History: Please give approximate dates and explain in the space at the bottom of the page as needed.

Frequent Ear Infections	_____	Diabetes	_____
Chicken Pox	_____	Bleeding/ Clotting Disorders	_____
Measles	_____	Asthma	_____
German Measles	_____	Mononucleosis	_____
Mumps	_____	Neck / Back Problems	_____
Heart Defect / Disease	_____	Shoulder/Knee/Ankle Problems	_____
Hypertension	_____	Other:	_____
Autoimmune Deficiency	_____	Other:	_____

Immunization History (feel free to indicate “up to date”):

Vaccine	Year of Basic Immunization	Year of Last Booster
DPT* Diphtheria, Pertussis (Whooping Cough), Tetanus	_____	_____
TD* Tetanus, Diphtheria	_____	_____
Tetanus	_____	_____
MMR* Measles, Mumps, Rubella	_____	_____
Other:	_____	_____

Over the past five years have you had any serious medical concerns including but not limited to those requiring hospitalization? Please explain any limitations and/or restrictions due to these concerns: _____

If meals are provided on your trip, do you have any special dietary concerns? _____

Please describe your personal conditioning program to prepare for this trip: _____

ALLERGIES: Please list any allergies including medicines, foods, plants, bites, stings, etc.

Allergy	Reactions	Medication Required
_____	_____	_____
_____	_____	_____
_____	_____	_____

MEDICATION: Please list any prescribed medication that is currently taken. Please indicate what will be brought on the Adventure.

Medication	Condition	Dosage (amount/frequency)	Side Effects
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please include any additional conditions or concerns we should know about:

