



NatureBridge and its campuses respect the privacy of the information provided by our clients and customers. NatureBridge will never sell or make available this information to other organizations. NatureBridge reserves the right to use this information for internal marketing and development purposes. Participants and in your can opt out of receiving this information at any time.

**HEALTH INFORMATION: PLEASE FILL OUT COMPLETELY \*DOCTOR SIGNATURE NOT REQUIRED\*** Do you have, or have you had, any of the following conditions or symptoms?

**Current Medical Conditions**

- 1. Bleeding/Clotting Disorders Yes No
- 2. Asthma Yes No
- 3. Diabetes Yes No
- 4. Ear Infections Yes No
- 5. Heart Defects/Hypertension Yes No
- 6. Psychiatric Treatment Yes No
- 7. Seizure Disorder Yes No
- 8. Immuno-Compromised Yes No
- 9. Sleep Walking Yes No
- 10. Bedwetting Yes No
- 11. Other Yes No
- 12. Hospitalized in the last 5 years Yes No

*Diseases*

- 13. Chicken Pox Yes No
- 14. Measles Yes No
- 15. Mumps Yes No
- 16. Other Diseases Yes No

**Allergies**

- 17. Hay Fever Yes No
- 18. Iodine Yes No
- 19. Poison Oak Yes No
- 20. Penicillin Yes No
- 21. Bees/Wasps/Insects Yes No
- 22. Other Yes No

If Participant Has Allergies:

23. Do you carry own Epi-pen? Yes No

24. Do you carry own Inhaler? Yes No

Date of last Tetanus shot: \_\_\_\_\_

If you have answered "yes" to any of the above items, please explain below. Provide corresponding number.

Question No.	Explanation

**Health Questionnaire:** (Attach additional pages if necessary to provide complete information.)

Is the participant taking any medication? Yes No Please list all medications\*\* the participant is taking and the purpose of each.

**\*\*Please continue to take all medications as prescribed unless otherwise instructed by your physician.**

Is the participant capable of participating in a 5 mile hike? Yes No Are there any restrictions on the participant's physical activity? Yes No  
Please describe \_\_\_\_\_

Does the participant eat **red meat**? Yes No **Poultry**? Yes No **Fish**? Yes No

Does the participant have any **food allergies**? Please specify \_\_\_\_\_

Does the participant have any **food restrictions**? Please specify \_\_\_\_\_

Please provide any additional information that is important for us to know to insure the participant has a quality experience.

Name of Physician \_\_\_\_\_ Telephone Number \_\_\_\_\_

Medical Insurance carrier \_\_\_\_\_

Policy #/I.D.# \_\_\_\_\_ Subscriber Name \_\_\_\_\_

**Additional information attached:** Yes No

**AUTHORIZATION FOR TREATMENT: PARENT/GUARDIAN MUST SIGN**

I agree the above information is correct to the best of my knowledge, and I authorize any adult chaperone or NatureBridge Staff to consent to any X-ray, examination, anesthetic, diagnosis, treatment, and/or hospital care that may be recommended by a licensed physician and/or dentist. For minor illnesses or injuries, I understand that NatureBridge will attempt to contact me at the earliest practicable opportunity. For major illnesses or injuries, NatureBridge will attempt to contact me before the commencement of any medical treatment, unless my child's condition is such that treatment must be commenced immediately before contact with me can be made. Even if I cannot be reached, this authorization remains in full force and effect.

I authorize NatureBridge staff who have received appropriate training to (1) dispense "over the counter" medication, including aspirin, Tylenol, ibuprofen, Benedryl, Neosporin, Pepto-Bismol, and other similar medications; and (2) administer epinephrine via injection for the emergency treatment of anaphylactic shock that may result from an allergic reaction to insect bites, insect stings, food or plants (such as poison oak). This administration is under the direction of Nature Bridge's medical director.

I agree to assume full financial responsibility for any medical care/treatment my child may receive.

**\*\*MUST SIGN\*\*** Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

