BACKPACKING HEALTH, CONSENT AND RELEASE FORM

Name_____ Birthdate _____ Sex _____ Age _____

Parent/Guardian _____ Cell Phone ( ) _____

Home Address _____ Home Phone ( ) _____

City, State, ZIP _____

Second Parent/Guardian _____ Cell Phone ( ) _____

Home Address _____ Home Phone ( ) _____

City, State, ZIP _____

Emergency Contact _____ Relation _____

Cell Phone ( ) _____ Home Phone ( ) _____

ACCIDENT COVERAGE

I understand that my personal insurance will be primary coverage for camper accidents.

Insurance Company _____ Policy Number _____

Insurance Company Address _____

HEALTH CARE

Please indicate if the camper is under the care of a physician and for what reason(s).

_____

_____

Current Treatment (include current medications) _____

_____

Explanation of reported loss of consciousness, convulsion or concussion _____

_____

Any medically prescribed meal plan or dietary restrictions? _____

Any allergies? (food, drug, plant, insect) _____

Additional health information we should be aware of _____

_____

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IMMUNIZATION HISTORY: Required immunizations will be determined locally. Record month and year of basic immunizations.			
DPT:	Diptheria	1	1
	Pertussis (Whooping Cough)	2	2
	Tetanus	3	3
TD:	Tetanus		
	Diptheria		
Oral Polio (Sabin) TOPV			
Injectable Polio (SALK)			
MMR I & II (Measles, Mumps, Rubella)			
Other			
Tuberculin test given ___ (most recent)			
Haemophilus influenza b (HIB)			
Hepatitis B			
Chicken Pox (New York camps only)			

HEALTH HISTORY
(Give approximate dates)

_____ Frequent Ear Infections	_____ Chicken Pox	_____ Epilepsy
_____ Heart Defect/Disease	_____ Measles	_____ Mononucleosis
_____ Diabetes	_____ German Measles	_____ Convulsions
_____ Bleeding/Clotting Disorder	_____ Mumps	last 60 days
_____ Hypertension	_____ Hepatitis A	
_____ Currently Pregnant	_____ Hepatitis B	
_____ Has delivered baby In last 10 weeks	_____ Hepatitis C	

Allergies (Date not needed)

_____ Hay Fever	_____ Penicillin
_____ Ivy Poisoning, etc.	_____ Other Drugs
_____ Insect Stings	_____ Asthma
_____ Other (specify) _____	

Operations or serious injuries (dates) _____

Name of family physician _____

Name of dentist/orthodontist _____

AUTHORIZATION FOR TREATMENT

This health history is correct to the best of my knowledge and the person herein named has permission to engage in all activities except as noted.

I hereby give permission to the medical personnel selected by the backcountry guides to order X-rays, routine tests and/or treatment; to maintain and/or release any medical records necessary for insurance purposes as outlined under the HIPAA regulations; and to provide or arrange necessary related transportation for me or my child. In an emergency, I hereby give permission and authorize the physician selected by the backcountry guides to secure or administer emergency medical treatment, including hospitalization and any other emergency medical procedures that may be needed for the person named herein. I authorize the physician or dentist to call in any necessary consultants in his/her discretion. It is understood that this consent is given in advance of any specific diagnosis or treatment being required, and is given to encourage those persons who have temporary custody of the minor, and said physician or dentist to exercise their best judgment as to the requirements of such diagnosis or medical, dental or surgical treatment.

I agree to remain fully liable and responsible for the payment of any such hospital, doctor, ambulance, dental or medical fees. I further agree that in giving this permission and authorization, the backcountry guides do not assume any responsibility or liability for the payment of such hospital, doctor, ambulance, dental or other medical fees that may be incurred.

I understand that the backcountry guides are certified in wilderness medicine and practice extensive safety measures but that this does not remove the risks of personal injury, death and property damage associated with adventure camping. I hereby assume and accept responsibility for these risks and covenant not to sue or assert any claim against the backcountry guides arising out of my or my child's participation in this camping experience.

Signature of parent, guardian or adult camper _____

Date _____