Today's Date: ____/____/_____

Completion Checklist:
Completed Medical Form
Insurance Card Copy (both sides)

MEDICAL FORM

To ensure the best possible experience for your child in Trekkers, please include details of your child's full health history and any current medical conditions. The more complete information you provide, the better we are able to work with you and your family to make sure they receive the care they need.

GENERAL INFORMATION: Please type or write clearly and legibly

Name of Participant: (First, Middle Initial, Last)	**Date of Birth:** (MM/DD/YYYY)		
Address:	**City:**	**St:**	**Zip:**
Parent/Guardian:	**Phone:**	**Alternate Phone:**	
Parent/ Guardian:	**Phone:**	**Alternate Phone:**	

Emergency Contact Information: Who to contact if above parent/guardian is NOT available

Emergency Contact:	**Relationship:**
Phone:	**Alternate Phone:**

GENERAL RESTRICTIONS: Limitations and/or recent injuries that might affect participation in activities similar to those described in pre-trip paperwork and parent/student meetings

No activity restrictions
Yes, please describe: ____

HEALTH INSURANCE:

I have attached a photo copy of both sides of this participant's insurance card (REQUIRED).
This participant does not have health insurance at this time.

Policy Holder's Name:	**Policy Number:**
Insurance Company Name:	**Group Number:**
Insurance Company Address:	**Insurance Company Phone:**

TETANUS IMMUNIZATION (REQUIRED):

Date Tetanus Series was Completed: ___ /___ /______

Year of Last Tetanus Booster: __________

(OVER)

HEALTH HISTORY: Check all that apply and explain in detail checked answers

	Diabetes		Psychological disorder		Sleepwalking
	Heart Defects/Disease		Hypertension		Fainting/Dizziness
	Asthma		Arthritis		Motion Sickness
	Ear Infections		Nosebleeds		Bed wetting
	Musculoskeletal Disorders		Menstrual cramps		Constipation
	Convulsions/Epilepsy/Seizures		Bleeding disorder		Chicken Pox
	Sinusitis (Sinus Infections)		Recurring/Chronic Illness		Measles
	Physical Restrictions		Anxiety		German Measles
	Kidney/bladder illness		Depression		Adverse reaction to general anesthetics
	Rheumatic Fever		Kidney Disease		Surgery or hospitalized in the last 5 years
	Tuberculosis		Head Injury/Concussion		Currently under doctor's care
	Mumps		Headaches/Migraines		Other:

Additional Details:

MENTAL, EMOTIONAL, SOCIAL HISTORY: Explain "Yes" answers in space below

Ever been treated for attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD)?	Yes	No
Have a severe phobia?	Yes	No
Ever have a need for an aide at school?	Yes	No
Ever been treated for emotional/behavioral difficulties/self-harm, or an eating disorder?	Yes	No
During the past year, seen a professional to address mental/emotional health concerns (counselor, psychologist, etc.)	Yes	No
Used an individualized education plan (IEP) during the previous school year?	Yes	No
Had a significant life event that continues to affect the participant's life? (bullying, trauma, death in family, major changes in household, etc.)	Yes	No
Additional information (other behavior or physical, mental, emotional, and social health information, etc.)	Yes	No
Additional Details:		

DIET & NUTRITION:

No Diet Restrictions Vegetarian Gluten-Free Lactose Intolerant

Other:____

(OVER)

ALLERGIES:

No Allergies/Sensitivities.

Yes, FOOD Allergies/Sensitivities: ____

- Reaction/Severity: Mild ____ Moderate ____ Severe____
- Treatment: ____

  Risk of Anaphylaxis (Please attach emergency allergy plan)

Yes, DRUG Allergies/Sensitivities: ____

- Reaction/Severity: Mild ____ Moderate ____ Severe____
- Treatment: ____

  Risk of Anaphylaxis (Please attach emergency allergy plan)

Yes, ENVIRONMENTAL Allergies/Sensitivities: ____

- Reaction/Severity: Mild ____ Moderate ____ Severe____
- Treatment: ____

  Risk of Anaphylaxis (Please attach emergency allergy plan)

**Anaphylaxis is a severe allergic reaction marked by swelling of the throat or tongue, hives, and trouble breathing.*

MEDICATIONS (please print clearly):

- All prescription medications must include a pharmacy label, be unexpired in original containers, and MUST be handed to Trekkers staff prior to departing on any trip.
- List all medication needed during time under the care of Trekkers staff, include over-the-counter medications.
- Any creams, vitamins or birth control must be listed here, although may be kept with participant.
- For asthma or anaphylaxis allergies, participant must provide 2 Epi-Pens and/or inhalers (one student will carry, one Program Manager will carry for a backup)

Medication:	Reason For:
Dose Amount:	Form (drops, tablets, etc.):
As needed OR Time(s) Given:	Other Instructions (taken w/ food, etc.):

Medication:	Reason For:
Dose Amount:	Form (drops, tablets, etc.):
As needed OR Time(s) Given:	Other Instructions (taken w/ food, etc.):

Medication:	Reason For:
Dose Amount:	Form (drops, tablets, etc.):
As needed OR Time(s) Given:	Other Instructions (taken w/ food, etc.):

if you need more space to add other medications, please add another page

Over-the-Counter Medications: Trekkers is equipped with the following over-the-counter medications in case of accident or injury. Please check any this participant does NOT have permission to take:

This participant has permission to take all of the following:

Tylenol/Acetaminophen	Sudafed/decongestant	Dramamine (motion sickness)
Aspirin (fever reducer)	Pepto Bismol	Skin Ointments (antibacterial, rash, etc.)
Ibuprofen (pain/swelling)	Tums/antacid	Laxatives
Benadryl/Antihistamine	Imodium (anti-diarrhea)	Robitussin/expectorant

Special notes/considerations regarding over-the-counter medications:

(OVER)

OTHER:

Is there any information not covered in this form that is important for us to know regarding the health of your child?

Yes No

If yes, please explain:

HEALTH INFORMATION PRIVACY STATEMENT:

The **Medical Form** is for health care concerns for the specified program year. All records will be handled by staff/volunteers whose job includes processing or using this information for the benefit of the participant. All medical records will be held in limited access by the Program Manager during the specific program year.

TERMS AND CONDITIONS:

In case of ordinary illness, parents/guardians are notified by phone in all but the most minor cases. In cases of serious injury, or any emergency condition, the parent/guardians of the student will be notified immediately by phone. When such communication should fail, or when in any case delay will cause serious danger to the student, the director (or approved Trekkers staff) shall have the authority to authorize any emergency medical or surgical procedure, and the use of anesthesia. Trekkers is not responsible for any medical costs incurred.

By signing, I agree to the terms and conditions on this application.

Signature of Parent/Guardian: ____ **Date:** ____/____/_____

TO BE COMPLETED BEFORE LONG EXPEDITION:

I have reviewed & updated the attached medical history and have notified the expedition program manager of any major changes in this participant's recent health history.

Signature of Parent/Guardian: ____ **Date:** ____/____/_____