

WALDEN WEST BACKPACK ADVENTURES

MEDICAL RELEASE and HEALTH FORM

Participant's Name _____ M/F _____ DOB _____

Address _____ City _____ ZIP _____

School _____ Trip Name(s) _____

Name of Parent(s) _____ Home Phone: Area () _____
or Guardian _____ Business Phone: Area () _____

An Alternate Emergency Phone Number:

Name: _____ Home Phone: Area () _____
Business Phone: Area () _____

HEALTH INFORMATION NECESSARY FOR PARTICIPANT'S CARE

1. Do you know of any health factor that would limit you (18 or over) / your child on a physically challenging seven day backpacking trip? If so, please describe. _____

a. Date of last tetanus shot? _____ b. Recent surgery or illness? _____
c. List other conditions we should be aware of: _____

2. In accordance with the California Education Code, in order for you (18 and over) / your child to take Rx or OTC medication while on a WWBA trip, the following information must be given to the trip leader:

- 1) A written statement detailing method, amount and time schedule by which medication will be taken (see Physician Form on website) and
- 2) A signature from parent or guardian of participant (under 18) authorizing the use of medication.

Emergency medications such as Inhalers for asthma or Epi-pens for bee sting/peanut or other life threatening allergies must be brought with participants on trips.

List medications you (18 and over) / your child will bring: _____

3. Please check the appropriate lines and sign below:

I authorize a Walden West staff member to dispense the following non-prescription medicines to my child as needed from the WWBA first aid kit:

___ Acetaminophen ___ Ibuprofen ___ Antihistamine ___ Laxative ___ Anti-diarrheal ___ Antacid

Signature of Parent or Guardian / Participant if 18 or over

If a serious emergency arises, it might be necessary for a physician to attend your child before a Walden West staff contacts you. The AUTHORIZATION FOR MEDICAL TREATMENT statement below must be signed if you (18 or over) / your child is to attend the Walden West backpack trip. Parents must also be aware, that they, or someone appointed by them may need to drive to the course area to pick up sick or injured participants.

AUTHORIZATION FOR MEDICAL TREATMENT

I hereby authorize the Walden West staff to provide medical or surgical care for any emergency that may occur while I am (18 or over) / my child is on the Walden West backpack trip.

Signature of Parent or Guardian / Participant if 18 or over

If you do not want medical care given to you (18 or over) / your child, or there are any conditions that will limit medical treatment, please state reason on the back of this form.