

MEDICAL RELEASE FORM
(Participant: Father)

Please print clearly and neatly and complete this form in its entirety *Both your and your doctor's signatures are required* Return this completed form along with your application to Outdoor Family Challenges

NAME:

DOB:

MAILING ADDRESS:

City State Zip Code () Home Telephone
() Work Telephone () Cell Telephone E-mail address
Person to Contact in Case of Emergency Relationship () Home Number
() Work Telephone () Cell Telephone E-mail address

INSURANCE INFORMATION:

All participants are financially responsible for any and all medical services required during their Outdoor Family Challenge The participants medical insurance is the primary and only insurance coverage The participant is subject to the limits of coverage of their personal medical insurance policy If the participant does not have medical insurance coverage, the participant is financially personally responsible to pay medical expenses or work out financial arrangements with the professional medical service provider

Individual Insurance Co Policy # Group #
Address City State Zip
Phone

I do not have personal medical insurance coverage I accept all financial responsibility for any and all medical services necessary during the Outdoor Family Challenge

Signature of Participant

Date

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HEALTH HISTORY

Do you have any current health problems that Outdoor Family Challenges should know about? If so, please explain

Do you have any allergies or drug reactions? If so, please explain

What medications are you currently taking?

Medication Name	Reason for Taking Medication	Dosage and How Often Taken
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When was your last tetanus shot?

Do you have a special diet need? If yes, please explain

DOCTORS EXAM

I have examined the above referenced participant within the last 3 months and find him in satisfactory condition to participate in the physical activities of hiking in high altitudes; rope climbing and repelling; stream and lake fly fishing; handling and caring for animals; and setting up and tearing down camp and psychological stress from confrontation of psychological and family issues/conflicts He is free from contagious diseases and current in his tetanus shot

Signature of Family Doctor

Date

Printed Physician Name:

Phone No

Address:

Additional Comments By Physician:
