

**GENESIS ACCOUNT OUTDOOR SCHOOL
ADULT HEALTH AND WAIVER FORM**

School name _____ Date of program _____
Name _____ Birth date ____/____/____ Gender _____
Address _____ City _____ State _____ Zip _____
Medical Plan _____ Medical Plan Number _____
Group Number _____ Medical Authorization phone# (____) _____
Emergency Contact: Name _____ Relation _____
Home Phone (____) _____ Work Phone (____) _____
Cell Phone (____) _____

Circle any of the following, which have been a health problem and explain:

Frequent colds or sore throat; Fainting; Heart, kidney or lung trouble; Convulsions; Diabetes;
Tuberculosis; Sleepwalking; Asthma

Explain _____

Describe any recent exposure to contagious diseases. _____

Have there been any serious operations, injuries, or illness in the last six months? yes____ no ____

Explain _____

Do you have any allergies (Medications, Insects, Food)? yes_____ no_____

Specify/common reactions: _____

Are you taking any medication to be continued at outdoor school? yes_____ no_____

Specify _____

Date of last tetanus booster shot? _____

Is there anything concerning your general health (not listed above) that would be helpful for us to know?

In case of emergency, I understand that every effort will be made to contact the emergency contact person listed above. In the event that the school staff is unable to contact the person named above, I hereby grant authority to the school staff to take such measures as they deem appropriate and give permission to the physician they select to hospitalize, secure proper treatment for, and to order injections, anesthesia, x-ray examination or surgery for me. I understand that Genesis Account and the camp do not provide medical treatment for me.

I hereby release Genesis Account and the camp from any and all liability for loss, injury, death, or any other claim whatever to me while participating in activities sponsored by Genesis Account.

I realize that insurance protection is my responsibility.

Image Release: media capturing my image may be used or printed by GA/AOS. Yes ____ No ____

Releasor Signature _____ Date ____/____/____