

**AMERICAN OUTDOOR SCHOOLS  
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# (\_\_\_\_) \_\_\_\_\_

**Secondary contact in case of emergency** (relative, neighbor, friend):

Name \_\_\_\_\_ Relation \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_  
Cell Phone (\_\_\_\_) \_\_\_\_\_

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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?

\_\_\_\_\_  
\_\_\_\_\_

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**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 \_\_\_\_/\_\_\_\_/\_\_\_\_