

# American Outdoor Schools



## ADULT HEALTH AND WAIVER FORM

School Name \_\_\_\_\_ Date of Program \_\_\_\_\_

Name \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

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

Medical Plan \_\_\_\_\_ Medical Plan Number \_\_\_\_\_

Group Number \_\_\_\_\_ Medical Authorization phone# (\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship \_\_\_\_\_ 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; bedwetting; 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

If yes please explain \_\_\_\_\_

Do you have any allergies (Medications, Insects, Food)? yes no Specify \_\_\_\_\_

Are you taking any medication to be continued at outdoor school? yes no Specify \_\_\_\_\_

Date of last tetanus booster shot? \_\_\_\_\_

Is there anything concerning general health of the student (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 *American Outdoor Schools* and the camp do not provide medical treatment for me.

I hereby release *American Outdoor Schools* 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 *American Outdoor Schools*.

I realize that insurance protection is my responsibility.

Image Release: media capturing my image may be used in on-line photos and videos. yes no

Your Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_