



## MEDICAL INFORMATION FORM

For all outdoor activities, prior conditioning is strongly recommended. On all of our outings, clients are expected to take personal responsibility for their own safety. Please consider the statements below carefully as you complete this Medical Registration Form. A "YES" answer does not necessarily cancel your enrollment.

Student Name: Last First Middle

Address

City State Zip

Date of Birth Social Security Number

Parent Name to contact in case of emergency

Emergency notification phone number

Alternate phone number(s)

### Please check YES or NO for each line

Do you currently have a history of:

- |  | YES      | NO    |
|--|----------|-------|
| 1. Cardiac Problems  | 1. _____ | _____ |
| 2. Respiratory or Asthma Problems                            | 2. _____ | _____ |
| 3. Diabetes or Blood Sugar Problems                          | 3. _____ | _____ |
| 4. Epilepsy or Seizures                                      | 4. _____ | _____ |
| 5. Mental Health or Neurological Problems                    | 5. _____ | _____ |
| 6. Bleeding Disorders  | 6. _____ | _____ |
| 7. Musculoskeletal Injuries, breaks, sprains or dislocations | 7. _____ | _____ |
| 8. Allergic to medication?                                   | 8. _____ | _____ |

Specify: \_\_\_\_\_

9. Allergic to insects, food or plants?  
Anaphylaxis? 9. \_\_\_\_\_

Specify: \_\_\_\_\_

Do you carry Epinephrine? 9a. \_\_\_\_\_

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### Page 2

Please explain any "YES" answers:

Date of your child's (or your own) last doctor visit and what for:

Age of participant \_\_\_\_\_

Height \_\_\_\_\_

Weight \_\_\_\_\_

I understand that Potomac Pathways, LLC is not making a determination of my child's (or my own) fitness for any activity; rather, I represent to Potomac Pathways LLC and verify that my child (or myself) is physically fit and ready for a physical activity by placing my initials here:

Initial here: \_\_\_\_\_

#### **Verification of Accuracy and Full Disclosure:**

I understand and acknowledge that my failure to disclose relevant information may result in harm to my child (or myself) and others during an activity or event. I represent and warrant that I have provided all material and important information to Potomac Pathways LLC pertaining to my child's (or my own) medical, mental health, and physical condition in view of my participation. I agree to notify Potomac Pathways if there is any change in my child's (or my own) mental, physical, or medical condition prior to any scheduled activity.

Initial here: \_\_\_\_\_

#### **Consent for Medical Treatment:**

I consent to emergency first aid or medical treatment for my child (or myself), which may become necessary during or in connection with my child's (or my own) participation in a Potomac Pathways LLC outing, activity or event.

Initial here: \_\_\_\_\_