

Permission Form B/all information/one for each JYF and SYF. Include in registration.

Ghost Ranch

ADVENTURE BY CHOICE CONFIDENTIAL MEDICAL HISTORY

General information

Name _____ Social Security number _____
Home Address _____
City _____ State, ZIP _____ Telephone _____
D.O.B ___/___/___ Age ___ M ___ F ___ Height ___ Weight ___
Physician _____ City, State _____

Person to notify in case of illness or injury

Name _____ Relationship _____
Address _____
City _____ State, ZIP _____
Tel (home) _____ (work) _____

Insurance

You are responsible for any medical expenses and should be covered by your own sickness and accident insurance. Complete answers are required.

Are you covered by hospitalization and medical care insurance? Yes ___ No ___
Name of Insurance Company _____
Policy # _____ Telephone # _____

Medical Information

If you have any health problems that we should be aware of, please check below and describe:

___ diabetes, seizures or frequent unexplained fainting/dizziness
___ neck, back or shoulder pain or injury ___ chronic illness or physical infirmity
___ high blood pressure and/or heart problems ___ hypoglycemia

Description:

Medications

Do you carry epinephrine? ___ Do you carry insulin? ___
Are you currently taking medications? ___
Please indicate name, amount and condition for use for all medication _____

Permission

By signing this form, I give permission for any emergency medical care provided by ambulance/hospital personnel which might become necessary.

Printed name _____
Signature _____ Date _____
Signature of Parent or Guardian _____ Date _____