Print participant name:_____Group name :_____

WESTMINSTER WOODS - Environmental Education Program

MEDICAL INFORMATION FORM

So that we may properly care for you, please provide the medical information requested in Section 1.

SECTION 1: ADDITIONAL MEDICAL INFORMATION

For each of the following, circle YES and **EXPLAIN BELOW** if you have any previous injuries, pre-existing conditions, special conditions or pertinent medical information (e.g., recent surgery). Otherwise, circle NO. This information will remain confidential.

Age_____ **Male** ____ **Female** ____ **Height** _____ **Weight**_____

Do you have any limiting physical disabilities (temporary or permanent)?	**Yes**	**No**
Are you currently taking medication?	**Yes**	**No**
Do you have any allergies, reactions to medications, any other medical limitations?	**Yes**	**No**
Do you have any serious food allergies?	**Yes**	**No**
History of dizziness or fainting?	**Yes**	**No**
History of Heart disease or heart attack?	**Yes**	**No**

Eyes	**YES**	**NO**	Lungs	**YES**	**NO**	Internal Organs	**YES**	**NO**	Thighs	**YES**	**NO**
Ears	Y	N	Asthma	Y	N	Epilepsy/Seizures	Y	N	Lower Legs	Y	N
Head	Y	N	Heart	Y	N	Illness	Y	N	Ankles	Y	N
Neck	Y	N	Diabetes	Y	N	High Blood Pressure	Y	N	Feet	Y	N
Arms	Y	N	Lower Back	Y	N	Have You Smoked?	Y	N	Knees	Y	N
Wrists	Y	N	Upper Back	Y	N	Wear Contact Lenses?	Y	N	Pelvis	Y	N
Hands	Y	N	Shoulders	Y	N	Dislocations Where?	Y	N	Groin	Y	N

EXPLAIN ANY 'YES' ANSWERS HERE:

Participant Phone (home) :_____ Phone (work)_____Other:_____

Address_____City_____Zip_____

Emergency Contact: Name _____**Relationship:**_____

Phone (home) :_____ **Phone (work) :**_____**Other:**_____

Medical Insurance Carrier:_____ Policy # _____
Your Doctor's Name: _____ Phone:_____

SECTION 2 : PARTICIPANT RELEASE OF LIABILITY

I RECOGNIZE that there is a significant element of risk in any sport or activity associated with the outdoors, including ropes courses and adventure programs. I ACKNOWLEDGE that Westminster Woods and its employees and agents take all reasonable safety precautions in the operation of this adventure program.

I AM AWARE that certain portions of the program are physically demanding, and that I may be asked to walk, run, stretch, climb, push, pull and perform other rigorous and potentially risky or dangerous physical activities.

I VOLUNTARILY AGREE to participate in the Program to be conducted on the above dates by Westminster Woods and its employees and agents. I FURTHER AGREE to obtain a qualified medical opinion if I am over 50 years old or it I doubt by ability to participate. I AGREE to participate only to the extent that my medical, physical, emotional or other conditions create no undue risk to myself, other participants or Program Staff.

/ AGREE to assume full responsibility for my actions and their consequences, and for any inconvenience resulting from any circumstance or injury to my person and/or property. I AGREE that my personal insurance and any provided or maintained by the above Organization, or by any other person or entity, on by behalf shall supersede and be used before any of the insurance coverage that may be provided by Westminster Woods.

I HEREBY RELEASE, and agree to INDEMNIFY AND HOLD HARMLESS Westminster Woods and the officers, directors, shareholders, employees, associates, guides and agents of this organization, from any and all liability, claims or demands (except those arising from negligence of the aforementioned parties) that 1, my heirs, executors, administrators, assignees, distributees, personal or legal representatives, and all members of my family, may now have or in the future make for *any* injury, loss, death or damage of any kind resulting from my participation in this Program.

I AGREE that any dispute concerning this Agreement shall be submitted to arbitration in Sonoma County, in accordance with the Rules of the American Arbitration Association then in effect, as a condition precedent to any legal action that may be taken by me or on my behalf to resolve said dispute.

I give permission for the use of the following by Westminster Woods for promotional purposes: a. pictures taken while at camp; b. quotations from evaluations/letters relating to program experiences.

I HAVE READ, UNDERSTAND AND ACCEPT THE TERMS and conditions stated herein and acknowledge that this Agreement shall be effective and binding upon me hereafter.

PARTICIPANT SIGNATURE: _____DATE: _____

PARENT/GUARDIAN SIGNATURE (If participant under 18): _____DATE: _____

SECTION 3 : AUTHORIZATION TO TREAT A MINOR (under 18)

I (we) the undersigned parent, parents or legal guardians of _____, a minor, do hereby authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis rendered under the general or specific supervision of any member of the medical staff or emergency room staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the Dental Practice Act and the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given to provide authority and power to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that effort will be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment shall not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions to section 25.8 of the Civil Code of California. This consent shall remain effective through the seventh day following the program date shown on the top of this agreement.

Signed (parent or guardian of above-named minor): _____Date: _____