



Teton Science Schools ADULT MEDICAL INFORMATION

Program Name(s) _____ Program Date(s) _____
Include names/dates of all programs attending. All information on this form must be complete, including signatures, prior to participation.

General Participant Information

This information will be shared only with Teton Science Schools (TSS) personnel, consulting and treating medical personnel and other individuals working with TSS. Otherwise the information will remain confidential.

Name _____ Phone _____

Date of Birth _____ Gender? M F E-mail address _____

Mailing Address _____ City _____ State _____ Zip Code _____

INSURANCE: Each participant is responsible for her/his own medical expenses. Medical insurance is recommended but not required.

Medical Insurance Company Name _____

Phone _____ Policy Number _____

Physician _____ Phone _____

In case of emergency, what relative, neighbor or friend should be called?

Name _____ Relationship _____

Address _____ Phone _____

Pre-Existing Conditions Only

If you have a pre-existing condition that might be affected by your participation in an active outdoor program at elevations exceeding 6,000 feet above sea level, please describe this condition and have your physician fill out and sign all sections below. Fill out this section only if you believe that you may have such a pre-existing condition.

Description of condition _____

Medication taken, dosage and timing _____

Other special instructions or precautions _____

Physician's statement:

I _____ have examined _____
(Physician - please print) (TSS Participant)

and recommend that she/he can participate in Teton Science Schools programs.

Signed _____ Date _____
(Physician)

Over Please

Participant Medical History

Some of the activities may be strenuous, especially depending on your familiarity with them and your physical condition. The ability to walk several miles without undue fatigue indicates reasonable physical condition. Any previous knee or ankle problems, excessive weight or allergies to food, medicine or insect bites are also of particular concern. The following information is important and will help us avoid health or medical problems before they occur.

Age _____ Height _____ Weight _____ Date of last tetanus shot _____

Please explain any Yes answers on lines provided to right. Attach additional sheet(s) if necessary.

1. Any adverse reactions to medication? YES NO 1. _____
2. Are you currently taking any medication? YES NO 2. _____
(If yes, what type, dosage and medical condition? Attach a separate sheet as needed.)
3. Any allergic reactions to food/medications/environment? YES NO 3. _____
(If yes, please describe in detail)
4. Any dietary restrictions? Please explain. YES NO 4. _____
5. Have you ever been stung by a bee? YES NO 5. _____
(If yes, explain any allergic reactions.)
6. Any respiratory problems? YES NO 6. _____
(If you have an inhaler, you are required to carry it at all times.)
7. Any heart defects? YES NO 7. _____
8. Do you have diabetes? Describe Type. YES NO 8. _____
9. Any history of seizures, convulsions, epilepsy or other medical disorders? YES NO 9. _____
10. Any ankle/knee/hip or other joint problems? YES NO 10. _____
11. Have you consulted a mental health care professional YES NO 11. _____
in the past two years? Please explain.
12. Do you have any other medical conditions that may preclude strenuous activities? YES NO 12. _____

Significant Three Year Medical History (use extra page if necessary): Please list your medical history including hernias, ulcers, head injuries, cancer, arthritis, scoliosis, hearing/vision problems, learning differences, eating disorders or other illnesses (use extra page if necessary). In addition, please note if you have any pre-existing medical conditions. If pre-existing medical conditions may be affected by participation in daily activities at the Science Schools, please have your doctor document these conditions and give approval or agree to discuss the condition with a Teton Science Schools representative.

Year	Illness/Accident/Eating Disorder/Learning Difference	Implications

Participant Medical Authorization

I authorize Teton Science Schools (TSS) staff, contractors or other medical personnel to obtain or provide medical care for me, to transport me to a medical facility and to secure treatment (including but not limited to routine or emergency health care, hospitalization, injection, anesthesia or surgery) they consider necessary for my health. I agree to pay all costs associated with that care and transportation and agree to the release (to or by TSS) of any medical records necessary for treatment, referral, billing or insurance purposes. I authorize that all information on this form is accurate and complete and I have not withheld any information.

Signed _____ Date _____