



Teton Science Schools

MEDICAL INFORMATION: Short Form

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 _____ Email address _____

Mailing Address _____ City _____ State _____ Zip Code _____

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

Name _____ Relationship _____ Phone _____

Pre-Existing Conditions:

Do you have a pre-existing condition that might affect your participation in an active outdoor program at elevations exceeding 6,000 feet above sea level? If yes, please describe the condition below.

YES NO

Medications/Allergies:

Are you currently taking medication? If yes, please provide the following: what condition the medication is for, type of medication and dosage.

YES NO

Optional Insurance Information: Each participant is responsible for their own medical expenses.

Health Insurance Provider: _____

Policy Number: _____ Phone: _____

Physician: _____ Phone: _____

Participant Medical Authorization:

I authorize TSS staff, contractors or other medical personnel to obtain or provide medical care for my child, to transport my child 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 child's 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. Note to parents: except to the extent limited by this form, my child has permission to participate in all TSS activities. I authorize that all information on this form is accurate and complete and I have not withheld any information.

Participant Signature (parents may print the name for those participants under 16 yrs old) _____ Date _____ Print name here _____

Parent or Legal Guardian Signature _____ Date _____ Print name here _____