

Medical and Insurance Information:

This applicant is covered by medical/hospital insurance. Yes No

Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.

Insurance Company _____ Policy Number _____

Subscriber _____ Insurance Company Phone Number (____)____-____

Name and phone number of applicant's primary care physician(s): _____

This health history is correct and accurately reflects the health status of _____ (name of applicant), to whom it pertains. The person described has permission to participate in all camp activities. I give permission to the instructors to provide emergency care to the applicant in the field and to secure medical evacuation and advanced medical care if necessary. I agree that all costs of a student evacuation (medical or otherwise) will be charged to me. This could include (but not limited to) satellite phone calls, emergency response teams and vehicles, hospital care, and medical supplies. I understand that the information on this form will be shared only on a "need to know" basis with camp staff and/or medical professionals. I give permission to photocopy this form. In addition, Life Adventure Center has permission to obtain a copy of the applicant's health record from providers who treat him or her and these providers may talk with the program's staff about the applicant's health status.

Signature or applicant _____ Date ____/____/____

Signature of parent or guardian (if applicant is under 18) _____

Printed name of parent or guardian _____ Date ____/____/____

Relationship to applicant _____