

NARROW RIDGE EARTH LITERACY CENTER  
CONFIDENTIAL HEALTH INFORMATION AND MEDICAL RELEASE FORM

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Birthdate \_\_\_\_\_

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Please answer yes or no to the following questions:

1. Do you wear a Medic-Alert or similar tag pertaining to your health status? \_\_\_\_\_
2. Have you had a heart attack or heart condition of any kind? \_\_\_\_\_
3. Do you have high blood pressure, a heart murmur, or heart disease? \_\_\_\_\_
4. Are you allergic to insect stings or bites? \_\_\_\_\_
5. Have you ever experienced a seizure of any kind? \_\_\_\_\_
6. Are you allergic to any environmental substances, foods, or drugs? \_\_\_\_\_
7. Do you have hemophilia or other blood disorder? \_\_\_\_\_
8. Have you ever had a lung disease? \_\_\_\_\_
9. Do you have any disabilities of the skeletal system—back, hips, knees?  
ankles, etc.? \_\_\_\_\_
10. If you hiked with a heavy pack for more than a short distance would you  
get out of breath, have pains in the chest or legs, or develop muscle  
fatigue? \_\_\_\_\_
11. Are you taking any medication? \_\_\_\_\_
12. Do you have hypoglycemia or diabetes? \_\_\_\_\_
13. Are you under the care of a health care professional who would  
disapprove of you participating in a hike or other activity? \_\_\_\_\_
14. Any other medical condition we should know about? \_\_\_\_\_
15. Have you had a Tetnus shot? When? \_\_\_\_\_
16. Is there any health-related reason you should not participate in some  
activities at Narrow Ridge? \_\_\_\_\_

Please explain all items you answered "yes" (continue on back if necessary):

**Medical Release:**

I, \_\_\_\_\_, give my permission for medical, emergency, or hospital personnel  
(please print name)  
to treat me or my child for any injury or other medical condition that arises during my or my child's participation in this  
wilderness fast/vision quest or other Narrow Ridge activity.

Your home address \_\_\_\_\_  
\_\_\_\_\_

Phone number \_\_\_\_\_ Email \_\_\_\_\_

Medical/hospitalization insurance carrier, group and identification numbers \_\_\_\_\_  
\_\_\_\_\_

Person to contact in case of emergency:

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Date

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