

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

Name _____

Address _____

Phone _____ Email _____

Birthdate _____

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
