

Hidden Isles Medical History

Hidden Isles activities, like any active sport, involve a certain risk of injury. In the unlikely event that a participant is injured, Hidden Isles would like to take the appropriate actions. The information on this form is required for admission to any US hospital. All information on this form will be held in strict confidence and will not be shared for any purpose other than medical treatment.

Participants Legal Name (Printed): _____ Today's Date: _____

Date of Birth: _____

Phone Number: (_____) _____ Phone Number of Parent or Guardian: (_____) _____

Street Address: _____ City: _____

State/Province: _____ Zip/Postal Code: _____ Country: _____

Does the participant have any current medical conditions that may effect their safety should it be necessary to seek medical treatment for them during a Hidden Isles event? **Circle one.** Yes No

If yes, please explain. Include allergies, adverse reactions to medications, asthma, diabetes, fainting spells, heart trouble, convulsions, bleeding disorders, and all other medical conditions.

Please list any and all medications taken on a daily basis.

I understand that I am required to carry any medication I need to take on a regular basis on my person at all times. Such medication may include, but is not limited to: asthma inhalers, epi-pens, heart medication, insulin, etc...

I have read, understand and accept this statement. Circle one. Yes No

This health history is complete and correct to the best of my knowledge. The participant named above has permission to engage in all activities during a Hidden Isles event. I hereby grant permission to have 1.) First aid given and 2.) any physician care, hospitalization, anesthesia, injections or other necessary medical care, should the need arise on behalf of the above named participant. **Sign below.**

Participants Legal Name (Printed): _____

Signature of Participant: _____ Today's Date: _____

Printed Name of Parent or Guardian (if under 18): _____

Signature of Parent or Guardian (if under 18): _____

Printed Name of Emergency Contact: _____

Emergency Contact Phone Number: (_____) _____ Relationship to Participant: _____