

Medical Information Form

Fill out this form completely to allow for your participation on the course

Name	Phone	Email
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Parents' Name	Phone	Email
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Address	City	State	Zip
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Date of Birth	Height	Weight
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Emergency Contact	Phone	Relationship to Participant
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Allergies: Do you have any allergic reactions (e.g., to bees, drugs, foods, ect.)? If so, what are they?

Medications: Are you taking medication (e.g., Tylenol, Orthonovo 777, Proventill, ect)? If so, what are they? What are they for? Do you have any medications with you?

Chronic Illnesses: Do you have any chronic illnesses (e.g., diabetes, epilepsy, asthma, ect.)? Please list.

Physical Conditions: Do you have any physical conditions that might limit or prevent you from participating in certain physical activities? If so, please describe such limitations and conditions on activities

Injuries: Have you experienced any injuries (e.g., dislocations, sprains, ect.) within the last three years? If so, list here and identify when the injuries occurred and the extent or the severity of the injury. Have you fully recovered from this injury?

Physician: Have you been treated by a physician in the past year? Have you been hospitalized within the past year? If so, please explain.

Primary Physician: Name, Address and Phone Number

Insurance: By what Insurance Company are you covered? If possible please include your I.D. number

North Andover Youth Services
Release of Liability and Assumption of Risk

This is to certify that, I (**Parent or Guardian**) _____, am fully aware that certain risks and dangers may exist during ropes course activities, climbing, orienteering, backpacking trips, initiatives, games and other activities which my son/daughter will be participating in under the auspices and sponsorship of the Outdoor Adventure Program and/or the North Andover Youth Services. I realize that these include, but are not limited to risks and dangers in motor vehicle travel, exposure to the forces of nature, travel in mountainous terrain and possible accident or illness in places remote from any medical facilities. I realize that the presence and supervision of staff does not necessarily guarantee safety or lessen the risks inherent to the activities. In consideration of the consent of the Outdoor Adventure Program that my son/daughter participate in climbing activities, ropes courses, backpacking, or in orienteering, or other activities between the dates of September 1, 2009 and August 31, 2010. I hereby assume all risk of injuries and damages to son/daughter, agree that in no case will I present or prosecute against the North Andover Youth Services, an of its board of directors, agents, employees, or specific site owners who may be working in conjunction with Youth Services, and/or any other who are involved, any action, compensation for injury, or damage suffered be my son/daughter, or the aforementioned activities. Whether the same be occasioned by the negligence by the North Andover Youth Services or any and all others who are involved, I agree further for myself and/or my spouse, and son/daughter, to hold the Youth Services, it's officers, agents, employees, and affiliates, free and harmless from and against any and all claims, by whomsoever made or presented, from damages or compensation from any and every such injury or damage suffered by my child including but not limited to superficial injuries, sprains, fractures, paralysis, or death.

Should my son/daughter incur an illness/injury while participating in the aforementioned activities, I hereby give my consent for my child to receive medical treatment.

I, (**Name of Participant**) _____, understand the inherent risks and dangers involved in the aforementioned adventure activities as described above and explained to me by my parent/guardian, and agree to participate in the said activities with parental permission.

I, (**Name of Participant**) _____ grant the North Andover Youth Services, persons acting for or through them, the right to use, reproduce, assign and distribute photographs, films, video tapes and sound recordings of myself to use for public relations, slide shows, newspapers and/or advertising for the North Andover Youth Services Program.

I agree with the Release of Liability and the Photo/Media statement and release all North Andover Youth Services Staff, Board of directors and the Town of North Andover.

Participant Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____
 (If Child is under 18 years old)