Medical Information & Emergency Treatment Release

Purpose

I am taking part in activities, classes, trips or events offered by (the "Activity"). This form gives the health information it needs to keep me safe, and allows its staff to arrange medical help for me if I am injured or become ill and am unable to make decisions for myself.

My Health Information

I have answered the health questions on this form truthfully and completely, including:

- medical conditions such as heart disease, high blood pressure, asthma, diabetes, epilepsy or seizures;
- allergies to medications, foods, insect stings or latex, and whether I carry an epinephrine auto-injector;
- medications I take regularly or may need during the Activity;
- recent injuries, surgeries or physical limitations; and
- pregnancy, if relevant to the Activity.

I will tell before taking part if any of this information changes. I understand that relies on this information and that its staff are not medical professionals unless stated.

Emergency Treatment Authorization

If I am injured or become ill during the Activity and I am unable to give consent myself, I authorize the staff of to:

- give basic first aid within their training;
- call emergency services and arrange transport to a hospital or clinic;
- contact my emergency contact listed on this form; and
- share my health information from this form with paramedics, doctors and other licensed providers who treat me.

I consent to examination, diagnosis, treatment, medication, anesthesia and surgery that a licensed physician or other licensed provider considers necessary in an emergency, when it is not possible to reach me or my emergency contact in time.

Costs

I am responsible for the cost of any medical care, ambulance transport, evacuation or rescue I receive, whether or not it is covered by my health insurance. does not provide medical or accident insurance for participants unless it has told me otherwise in writing.

Use of My Information

 will keep this form confidential and use my health information only for my safety during the Activity, for emergency care and as required by law. It may be shared with staff who supervise me and with emergency responders and treating providers. This form does not authorize anyone to

obtain my medical records from my doctors or hospitals.

Limits

This form is not a waiver of liability and does not mean that provides medical care. Staff decisions in an emergency are made in good faith with the information available. Nothing in this form prevents me from refusing treatment when I am able to make my own decisions.

Duration

This authorization stays in effect for as long as I take part in Activities with , or until I withdraw it in writing. I understand that I may be asked to renew it, for example once a year.

Signature

I confirm that I am at least 18 years old, or the age of majority where I live, that I have read and understood this form and that the information I have given is accurate.

Please initial each statement

___ I have answered all health questions truthfully and will report any changes before taking part.

___ I authorize staff to call emergency services and share my health information with responders and treating providers.

___ I consent to emergency medical treatment if I am unable to consent myself and my emergency contact cannot be reached in time.

___ I understand that I am responsible for the cost of any medical care and transport.

Participant full name

Date

Date of birth

Phone

Email

Emergency contact name & phone

Signature