



# JOY OUTDOOR EDUCATION CENTER

## MEDICAL FORM & ACKNOWLEDGMENT OF RISK and RELEASE (printed on Back)

**INSTRUCTIONS:** Please read and complete this form carefully. **PLEASE PRINT**

PARTICIPANT'S LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ **Circle One:** Chaperone / Participant

**Circle One:** Male / Female **Participant's Birth Date:** \_\_\_ / \_\_\_ / \_\_\_ **Age:** \_\_\_ **Email:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone (\_\_\_\_):** \_\_\_\_\_

**Primary Contact:** \_\_\_\_\_ **Relationship:** (Parent / Guardian / Spouse / Other): \_\_\_\_\_

**Primary Contact #'s:** Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell/Other: (\_\_\_\_) \_\_\_\_\_

**IF PRIMARY CONTACT IS NOT AVAILABLE - IN AN EMERGENCY NOTIFY:** (List 2 contacts at 2 different addresses)

<b>1. Name:</b> _____ <b>Relationship:</b> _____	<b>2. Name:</b> _____ <b>Relationship:</b> _____
<b>Address:</b> _____	<b>Address:</b> _____
<b>Home # (____):</b> _____ <b>Work # (____):</b> _____	<b>Home # (____):</b> _____ <b>Work # (____):</b> _____
<b>Cell # (____):</b> _____	<b>Cell # (____):</b> _____

### PHYSICIAN & INSURANCE INFORMATION

Medical/Hospital Plan: \_\_\_\_\_

Policyholders First & Last Name: \_\_\_\_\_

Primary Physician's Name: \_\_\_\_\_

Family Dentist's Name: \_\_\_\_\_

Policy or Group #: \_\_\_\_\_

Employer: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

### MEDICATIONS

Prescribed Medicine Name / Reason

1. \_\_\_\_\_

2. \_\_\_\_\_

Immunizations: DPT Date \_\_\_\_\_ Tetanus Date \_\_\_\_\_

Have you had Chicken Pox? Circle: Yes No

List any dietary restrictions: \_\_\_\_\_

List any activity restrictions: \_\_\_\_\_

List anything else, which would help us, better serve you: \_\_\_\_\_

### MEDICAL CONDITIONS

- Asthma (Does participant carry an inhaler?) \_\_\_\_\_
- Broken Bones
- Diabetes
- Ear Infections
- Headaches
- Heart Disease
- High Blood Pressure
- Infectious Hepatitis
- Psychiatric Care
- Pregnancy
- Fainting
- Convulsions / Seizures / Epilepsy Date of last Seizure: \_\_\_ / \_\_\_ / \_\_\_

### ALLERGIES: Check all that apply

- Hay Fever
  - Insect Stings
  - Poison Ivy, other plants: \_\_\_\_\_
  - Peanuts, other foods: \_\_\_\_\_
  - Penicillin, Other drugs: \_\_\_\_\_
  - Latex
- Describe Allergic Reaction: \_\_\_\_\_
- \_\_\_\_\_

Does participant carry an Epi-pen? \_\_\_\_\_

**(If yes, please send Epi-pen with participant and ensure s/he knows how to use it safely.)**

Please describe management of the above conditions / allergies: \_\_\_\_\_

Describe and give dates of any hospitalizations, serious injuries or recurring illnesses: \_\_\_\_\_



## Acknowledgment of Risk and Release

Revised 1/15/2010

**INSTRUCTIONS: Please read this form carefully. EACH PARTICIPANT MUST SIGN THIS ACKNOWLEDGMENT OF RISK FORM BEFORE the program begins. Without all appropriate signatures, the individual may not be permitted to participate in the program.**

I understand that my participation in programs offered by Joy Outdoor Education Center, LLC and Joy Outdoor Education Center Foundation, Inc., (JOEC) is based on a "Challenge by Choice" philosophy. I recognize that the program is designed to use experiential, engaging, teaching techniques, but that my participation is purely voluntary, and I elect to participate in spite of the risks.

I am aware that experiential, outdoor pursuits such as living history reenactments, climbing, hiking, high ropes courses, ground initiatives, and other activities at JOEC, for which I have enrolled, entail certain risks.

I understand that completing and signing the Center's Confidential Medical Information Form is a prerequisite to participate in this program. The information my child or I have provided is a complete and accurate statement of the physical and psychological factors, which may affect participation in the program.

Therefore, I, for myself and for my heirs, personal representatives, and assigns, and each of them, forever release and fully discharge Joy Outdoor Education Center, LLC and Joy Outdoor Education Center Foundation, Inc., and each of their members, managers, directors, employees, volunteers, agents, officers, predecessors, affiliates, representatives, successors, and assigns, and each of them, from any and all actions, causes of action, claims, costs, damages, demands, fees, and/or liability of any kind, nature, or descriptions whatsoever, whether know or unknown, arising out of or in any way related, whether directly or indirectly, to participation in any JOEC program, including, but not limited to any physical injury, psychological injury, loss of life or personal property that may occur as a result of participating in this program.

I have read and understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon the parties during the entire period of participation in the said program.

I understand that photography is a standard component during JOEC programs. I consent for myself and/or my child/minor of legal responsibility to be photographed for general program and/or agency printed/internet publicity.

The health history is correct as far as I know, and the named participant has permission to engage in all prescribed program activities, except as noted. **Authorization for treatment:** I hereby give permission to the medical personnel selected by the visiting organization to arrange necessary related transportation for this participant and the visiting organization or JOEC to secure and administer treatment, including hospitalization, for the person named above.

\_\_\_\_\_  
Signature of participant (REQUIRED)

\_\_\_\_\_  
Date

\_\_\_\_\_  
If participant is under 18,  
(Signature of Parent or Guardian is REQUIRED)

\_\_\_\_\_  
Date

NOTE: This participant shall **NOT BE PERMITTED** to participate in the following activities:

Check this box to decline the photo release.