



STUDENT MEDICAL FORM
Project Adventure, Inc.

Student's School or Organization _____

Program Date(s) _____

Student Program Applicant Information

To Parents: Thank you for completing this form on behalf of your son or daughter. Project Adventure, Inc. is a non-profit educational organization. Our programs use a wide variety of games, team-building activities, and low and high challenge course activities. At times, our programs also include outdoor activities such as orienteering and camping. **(Since this is a general description only, please refer to accompanying information or school personnel to find out more about the specific activities planned for your son or daughter's program.)** Although some of these activities can be physically demanding, they are designed to be within the capability of any student who is in reasonably good health.

Safety is a very high priority for all of our programs. Please help us by providing the information requested below. If your child has any current or past medical conditions that could affect their participation, please let us know.

If you have additional questions about this program please contact the appropriate school personnel or a representative of Project Adventure.

Thank you.

General Information (please print)

Student's Name _____

Student's Date of Birth _____

Sex: M F

Student's Home Address _____

Is this student covered by medical insurance? Yes No

If yes, please list the insurance provider

Parent(s)/Guardian(s):

Please let us know the best way to contact you if needed. (please print)

Name _____

Primary phone number _____

Secondary phone number _____

If you are not available in an emergency, please indicate an additional person to be notified.

Name _____

Primary phone number _____

Secondary phone number _____

Relationship to student _____

(please continue on other side)

Medical Questions

1. Does your child have any current or past medical conditions that could affect their ability to participate in Project Adventure activities?

Yes No

If yes, please identify and explain:

2. Does your child have any of the following conditions? If taking medications for any of these conditions please list in question #3.

- Chronic or reoccurring illness
- Recent injury
- Diabetes
- Allergies (medication, food, bee stings, etc.)
- Asthma
- Recent surgery

3. Is your child currently taking any medications? Yes No

If yes, please state what he or she is taking and the condition being treated.

Photo/Media Release

Project Adventure programs are often recorded in photos, videos and other digital media and this material is sometimes used in Project Adventure publications (e.g. brochures, promotional materials, etc.). Project Adventure reserves the exclusive right to use any such material obtained during Project Adventure programs for its own use. Any program participant or parent of a program participant may choose not to be photographed or otherwise recorded simply by informing an authorized Project Adventure representative.

Release of Liability – Acknowledgment of Risk

I understand that this Project Adventure program will be conducted outdoors and that it is designed to be challenging as well as educational. I recognize and acknowledge that even though the program has been carefully designed and will be operated by well-trained staff, the risk of injury or disability cannot be totally eliminated. In the event of illness or injury, consent is hereby given to access and provide emergency medical care or hospitalization. I affirm that the information provided on this form is accurate and complete and I agree to hold Project Adventure harmless if full disclosure of a pre-existing medical condition has not been provided. I release Project Adventure, Inc., its staff members and Board of Directors, from all liability not directly related to the actions of Project Adventure staff members.

Signature (parent or guardian)

Date

Questions or Concerns?

Please call: 978-524-4500

Please visit our Web Site: www.pa.org



Project Adventure
Advancing Active Learning

P 800.468.8898

www.pa.org

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A Non-Profit Organization. Project Adventure is an equal opportunity employer.