



# Healing Waters Wilderness Adventures Medical Form

CONFIDENTIAL

Return to: Healing Waters Wilderness Adventures 167 Fell St. San Francisco, CA 94102

**Instructions:** Healing Waters Wilderness Adventures is gathering this information in order to provide you with the safest and most enjoyable environment possible for you on your trip. **Please complete and return this medical form with your completed personal data/preferences form, waiver, trip fee and deposit.**

## Part I: Personal History

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Emergency Contact #1:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone \_\_\_\_\_ Type \_\_\_\_\_

Secondary Phone: \_\_\_\_\_ Type \_\_\_\_\_

**Emergency Contact #2:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone \_\_\_\_\_ Type \_\_\_\_\_

Secondary Phone: \_\_\_\_\_ Type \_\_\_\_\_

### **Health Insurance:**

Company: \_\_\_\_\_ Policy#: \_\_\_\_\_

City/State: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Does your insurance company require pre-authorization?  Yes  No

**1. What is your current physical activity routine like? (Please note, your current activity level WILL NOT affect your eligibility for participation in this program.)**

Activity	Frequency	Time/Distance	Leisurely, Moderate or Intense?

**2. Swimming Ability (Check one): ( Please note, your swimming ability WILL NOT affect your eligibility for participation in this program.)**

Non-Swimmer

Cannot swim more than 100 yards

Moderate Swimmer

Strong Swimmer

## Part II: Medical History



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**5. Are there any recent (within 1 year) ER/Urgent Care visits, hospitalizations, or surgeries that could affect your participation on this trip or NONE \_\_\_\_\_(initials)**

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**6. Do you have any certain necessary medical equipment that you currently use or NONE \_\_\_\_\_(initials)**

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**7. Are you pregnant?**      Yes       No

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I hereby authorize and instruct Healing Waters Wilderness Adventures to administer first aid and/or emergency medical treatment and/or secure such medical services that may become necessary for me, or for any minor on whose behalf I am signing.

I further understand that while Healings Water Wilderness Adventures will undertake to provide reasonable first aid and/or medical treatment under the circumstances, certain situations may require the assistance of third party medical service providers. Should such third party medical services become necessary, I further understand and agree that any and all costs associated therewith are my sole responsibility, and I expressly release Healing Waters Wilderness Adventures from any and all financial obligations arising from such third party medical services. **By signing this release I agree that I have read it carefully, agree with its terms, and I sign it of my own free will.**

Print Name: \_\_\_\_\_ Dated: \_\_\_\_\_

Sign Name: \_\_\_\_\_

Signature of parent/guardian required if under the age of 18:

\_\_\_\_\_

For office use only:				
Reviewed by:	Review date:	Hold – DocReview	Hold - Questions	Cleared:
<b>Trip date:</b> _____				
<b>Notes:</b>				
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