



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

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)

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

7. Are you pregnant? Yes No

(continued on following page)

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: |
| | | | | |
| Trip date: _____ | | | | |
| Notes: | | | | |
| _____ | | | | |
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