

# Doe River Gorge Medical Form

••• Please **PRINT** carefully and use one form per person •••

PARTICIPANT NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ GENDER: \_\_\_\_\_ HEIGHT \_\_\_\_ (Ft/In)  
SESSION: \_\_\_\_\_ WEIGHT \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

PARENT(S) (Dr / Mr) \_\_\_\_\_ (Dr/ Mrs/ Ms) \_\_\_\_\_  
PHONE #'s: HOME \_\_\_\_ FATHER \_\_\_\_\_ MOTHER \_\_\_\_\_  
Check one O work O mobile O pager Check one O work O mobile O pager

## Please fill out the following about your student:

List and explain any serious mental or physical problems \_\_\_\_\_

List and explain any limitations from physical activities \_\_\_\_\_

Special dietary needs \_\_\_\_\_

Allergies, allergic reactions or drug sensitivities \_\_\_\_\_

Any other issues or situations of which you feel our staff should be made aware \_\_\_\_\_

## All medications must be received in their original container with Quester's name clearly marked

Bring ONLY  
necessary  
prescription  
medications  
in properly  
marked  
containers

To be completed By Doe River Gorge Nurse on Arrival  
Medication (s)\ Dosage (s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Social Security Numbers for Hospitalization / Insurance: \_\_\_\_\_  
Quester Father Mother

Name of Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Date of Last Tetanus \_\_\_\_\_

Health Insurance: Name of Carrier \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Phone number to verify coverage (\_\_\_\_) \_\_\_\_\_

Name of Dentist or Orthodontist \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

If child does not live with both parents, what is the custody situation? \_\_\_\_\_

Name of parent with sole custody \_\_\_\_\_

### If parent(s) are not reachable in an emergency, please notify:

Name \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ Other (\_\_\_\_) \_\_\_\_\_  
O work O mobile O pager

Name \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ Other (\_\_\_\_) \_\_\_\_\_  
O work O mobile O pager

- I give permission for the participant to receive the following non-prescription medicines (or their equivalents) if deemed necessary by the Doe River Gorge nurse: Tylenol, Motrin, Sudaphed, Mylanta, Benadryl, Robitussin, Immodium, Emetrol. (Cross out any that you don't approve.)
- I give permission for participant to receive appropriate first aid measures by Doe River Gorge nurse or trained staff member.
- If a medical emergency should arise and I cannot be contacted, I give permission for a licensed physician to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for the named participant.

Participant Name (Please Print) \_\_\_\_\_ Parent/Guardian Name (Please Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*By signing above I confirm that all information on this form is true and complete and that I give consent to the items listed above.\*\*



**Required:**  
Attach recent  
and clear photo  
of participant  
here

## A dventure Quest Participant Form

••• Please **PRINT** carefully and use one form per participant •••

PARTICIPANT NAME: \_\_\_\_\_

SESSION: \_\_\_\_\_

Person signing and initialing this form, please check one:

- I am the parent or legal guardian of the named participant who is a minor.  
 I am the named participant and as an adult (at least 18 years old), I am completing this form for myself.

### **Publicity Permission**

I give permission for photos and/or video taken of participant to be used in publicity for Doe River Gorge.

**INITIALS** \_\_\_\_\_

### **Rooming Request**

Note: In order for your request to be honored, the request must be mutual between the two students. The students must be registered for the **same week, same activity track and housing!** We can only honor one roommate request per person. (Please see Roommate Policy on the "Adventure Quest Pre-Arrival Info" sheet.)

Roommate Request: \_\_\_\_\_

### **Notification of Risk**

I understand that certain risks and dangers exist in the activities in which named participant will be involved. These activities include, but are not limited to rock climbing, rappelling, high ropes course, whitewater sports, swimming, mountain biking and boarding, paintball, and horseback riding. Risks include loss or damage to personal property, and injury or fatality due to inclement weather, slipping, falling, insect bites, falling objects, or suffering any type of accident or illness in remote areas without easy access to medical facilities.

While the staff will make every reasonable effort to teach participant the proper outdoor techniques and to minimize exposure to known risks, I acknowledge that all dangers associated with these activities cannot be foreseen.

**INITIALS** \_\_\_\_\_

### **Hold Harmless Agreement**

In consideration for your permitting named participant to be a part of the *Adventure Quest* program, I hereby release and discharge Doe River Gorge Ministries, its officers, directors, employees and agents (collectively "Doe River Gorge") from any claims, causes of action, costs, obligations or financial responsibility resulting from or arising out of any incident, injury or accident occurring while participant is attending *Adventure Quest*. If Doe River Gorge is held financially responsible to or for named participant for any such incident, injury or accident, I agree to indemnify and hold harmless Doe River Gorge from any such responsibility including costs, damages and attorney fees incurred by Doe River Gorge. I hereby certify that I have read all of the above and that all information given concerning named participant is true and accurate to the best of my knowledge.

NAME OF PARENT / GUARDIAN (please print) \_\_\_\_\_

**REQUIRED SIGNATURE  
OF PARENT / GUARDIAN  
OR ADULT PARTICIPANT** \_\_\_\_\_

DATE \_\_\_\_\_

\*Signing above confirms that the above information is true and complete and holds agreement to the following sections: Publicity Permission, Notification of Risk, and Hold Harmless Agreement. \*