



Participant Medical Release

Participant Information

Participant Name: _____

Date of Birth: _____ Age: _____ Height: _____ Weight: _____ Sex: M / F

Address: _____ City/State/Zip: _____

Emergency Contact Info

Name: _____ Relationship to Student: _____

Phone: Home: _____ Cell: _____ Work: _____

Physician/Insurance Info

Name: _____ Phone: _____

Insurance Company: _____ Policy #: _____

Allergies/Dietary Restrictions

Please list all allergies to insects, foods, medications, etc. Include any dietary restrictions as well (vegetarian, vegan, no pork, etc.). Attach extra page if needed.

Allergy/Restriction	Reaction	Medication Required

Current Medications

Please list all medications that the student is currently taking. All prescription medications must be sent with the student in their original containers with physician's directions. If you are sending an Epipen, please send two, as well as the appropriate dose of oral Benadryl. Attach extra page if needed.

Medication	Condition Taken For	Dosage	Side Effects

Current and Recent Medical Conditions

Please list all medical conditions that the student has been diagnosed or treated for within the past year. Include any injuries, illnesses, psychiatric treatment, counseling, eating disorders,

attention deficit disorders, etc. If diabetic, please include contact information for diabetic nurse/physician. Attach extra page if needed:

Date of Last Tetanus: _____ Asthma Diabetes

Medical and Liability Release

I understand that beyond the classroom programs may involve canoeing, hiking, camping, backpacking, stream sampling and other outdoor activities. I understand the inherent risks involved in these activities and that unanticipated dangers may arise. I voluntarily assume all risk of loss, damage, illness or injury, including death, which may occur while my child is participating in any activity or event associated with Experience Learning or during such times as my child is under the supervision of any employee or agent of Experience Learning. I agree to hold harmless and release Experience Learning and its volunteers, employees, and agents in any location where activities are conducted. If a medical emergency does occur involving my child or children in route to or from or while participating in EL programs and I cannot readily be reached, EL may select any licensed physician to secure and administer medical treatment, including hospitalization and surgery for the child if and as needed. I understand any medical expense so incurred will be my financial responsibility. I have listed all the information concerning allergies, medical history or conditions, dietary restrictions and regular medication that my child may take.

Parent or Guardian's Name (Print): _____

Parent or Guardian's Signature: _____ Date: _____

Permission to use Images

Experience Learning relies on the use of images of program activities and student feedback for recruitment purposes, as well as to report to and solicit financial donors. EL staff often take photographs informally throughout the duration of a program and these serve as our image library. Also, students are asked to complete evaluations at the end of a course. By signing below you agree that EL has the right to use pictures or statements by, of, or about your child for aforementioned uses.

Parent or Guardian's Signature: _____ Date: _____

Connect with Us

Experience Learning sends occasional news and upcoming events updates. If you are interested in joining our electronic and/or physical mailing list, please enter your information below.

Name: _____

Yes, please send updates to the physical address above.

Yes, please send updates to my email address: _____

Please do not send me anything.

Nondiscrimination Policy

Experience Learning follows a policy of uniform nondiscrimination with regards to sex, age, race, religion, and country or origin.