

NorthWoods Conservation Corps

Medical/Emergency Information

Participant: _____ Date of Birth: _____

Family Physician: _____ Phone: _____

Insurance: _____ Policy # _____

Emergency Contacts:

Parent/Guardian: _____ Alternate: _____
Address: _____ Address: _____
Phone(s): _____ Phone(s): _____

Medical Information:

Are you allergic to any of the following?

	<u>Yes</u>	<u>No</u>	If yes, please describe:
Medications:	_____	_____	_____
Insect Bites:	_____	_____	_____
Poison Ivy:	_____	_____	_____
Foods:	_____	_____	_____
Other:	_____	_____	_____

Date of last Tetanus Shot? _____

Please list any current medical problems you may have: _____

Please list any surgeries or major injuries you have had: _____

Do any of these medical problems, illnesses or injuries impact on your ability to work this summer? If yes, then how? _____

Are you taking any medications? Please list each one separately and the reason for use: _____

Emergency Medical Treatment Consent

Should it be necessary to receive emergency medical treatment and your parents can not be reached, their signature below indicates authorization of such treatment in the event of an emergency.

Signature of parent or legal guardian (if under 18)

Date