

Environmental Traveling Companions - Health Form

ETC Youth LEAD Program

Participant Confidential Medical Record

Every item in every section must be completed. Your place on the course is confirmed when we receive all forms, filled out completely and signed, in addition to your full tuition payment. The physician's examination must take place within 12 months prior to the course.

<u>PARTICIPANT INFO</u>	<u>PARENT/GUARDIAN</u> (Additional Parent/Guardian Contact)
Name _____	Name _____
Gender: _____ DOB _____ / _____ / _____	Relationship _____
<u>PARENT/GUARDIAN</u> (Primary Parent/Guardian Contact)	Address _____
Name _____	City/State/Zip _____
Relationship _____	Occupation _____
Address _____	Home Phone _____
City/State/Zip _____	Mobile Phone _____
Occupation _____	Work Phone _____
Home Phone _____	Email _____
Mobile Phone _____	<u>FAMILY PHYSICIAN</u>
Work Phone _____	Name _____
Email _____	Telephone (____) _____

<u>EMERGENCY CONTACT (not parent/guardian)</u>	
Name _____	Relationship _____
Phone Daytime (____) _____	Evening (____) _____
Cell Phone (____) _____	Email (____) _____
Address _____	Apt # _____
City/State/Zip _____	

For our insurance records, answers to the following questions are required in full detail.

1. Is the applicant covered by any hospitalization and medical care policy? Circle- Yes No
2. Insurance Company Name _____
Policy or Certificate # _____
Address and phone # of Insurance Company _____

A NOTE TO PARENTS/GUARDIANS

All information will remain confidential. Many students with a variety of medical/psychological disabilities have successfully completed our courses, but we must be aware of these conditions for the applicant’s benefit. Failure to disclose such information could result in serious harm to the applicant and her or his fellow students.

If your child arrives at the course start with a pre-existing condition or injury which is not indicated on your medical form she/he will be removed from the trip. If the same unreported condition presents itself during the wilderness trip, you will be responsible for transport of your child back to your home.

MEDICATIONS

ETC’s Youth LEAD policy is that Instructors will administer and document all required medications on course. All medications to be given on course, including over-the-counter and vitamins, must be presented to an ETC Staff when checking in for your course. All medications must come in their original bottles with labels showing complete directions for administration, the participant’s name, and expiration date.

Medications such as acetaminophen (Tylenol®), ibuprofen (Advil®, Motrin®), diphenhydramine (Benadryl®), Sudafed®/cold/cough medicine/throat lozenges, and others may be given by ETC Youth LEAD Instructors and Staff for headaches, colds, bumps, sunburns, and various other injuries. By signing this document you agree to their use, as needed, unless otherwise discussed with Youth LEAD Staff.

SIGNATURE REQUIRED

I hereby acknowledge ETC to administer First Aid and/or emergency medical treatment and/or secure such medical services that may be necessary for myself or any minor on whose behalf I am signing. I realize that any emergency or medication that may become necessary are the sole responsibility of the participant. Consent is hereby given for any emergency anesthesia, operation, hospitalization, or other medical treatment which may become necessary during any portion of the ETC trip.

The information provided on the following pages is a complete and accurate statement of the physical and psychological factors that may affect my child’s participation on ETC’s Youth Leadership School. I realize that failure to disclose such information could result in serious harm to my child and to fellow students, and I agree to indemnify and hold Environmental Traveling Companions harmless if all relevant information is not disclosed. I also agree to notify ETC should there be any change in my health status prior to my trip start.

Parent/Guardian’s Name

Date

Parent/Guardian’s Signature

Date

Applicant’s Name

Date

Applicant’s Signature

Date

Please check here if you do not want your photo used in ETC publications, outreach, or media.

PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

In consideration of the services of Environmental Traveling Companions, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "ETC"), I hereby agree to release, indemnify, and discharge ETC, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that hiking, camping, backpacking, river rafting, and sea kayaking entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: slipping and falling; falling objects; travel in remote areas; water hazards; accidental drowning; exhaustion; exposure to temperature and weather extremes which could cause cold shock, hypothermia, hyperthermia (heat related illnesses), heat exhaustion, sunburn, dehydration; exposure to potentially dangerous wild animals, insect bites, and hazardous plant life; aggressive and/or poisonous marine life; large waves; whitewater rapids will be encountered and I can be jolted, jarred, bounce, and shaken about during rides through some of these rapids; rafts could turn over or I could be "washed" overboard resulting in having to swim rapids risking collision with rocks and entanglement in trees; accidents or illness can occur in remote places without medical facilities and emergency treatment or other services rendered; consumption of food or drink; equipment failure; improper lifting or carrying; my own physical condition, and the physical exertion associated with this activity.

Furthermore, ETC employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction. 2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this

activity is purely voluntary, and I elect to participate in spite of the risks. 3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless ETC from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of ETC's equipment or facilities, **including any such claims which allege negligent acts or omissions of ETC.** 4. Should ETC or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs. 5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have. 6. In the event that I file a lawsuit against ETC, I agree to do so solely in the state of California, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

I hereby release, waive, and relinquish all claims and legal actions for personal injury, wrongful death or property damage against the U.S. Department of the Interior – Bureau of Reclamation ("U.S. Government), State of California, its department of Parks and Recreation ("State") or its permittees arising as a result of my participation in the whitewater river trips and related activities described herein, my use of permittee's equipment, or any activities incidental there to include rescue activities; This release applies even if permittee and/or state and/or U.S. Government are negligent or otherwise at fault. I also agree to protect, hold harmless, defend and indemnify permittee, state and U.S. Government and hold them harmless from all claims and legal actions for personal injury, death, or property damage arising from my conduct; these indemnities apply even if permittee, state and U.S. Government are negligent or otherwise at fault.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against ETC on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Print Name _____ Phone Number _____
Address _____ City _____ State _____ Zip _____ Signature of
Participant _____ Date _____

PARENT'S OR GUARDIAN'S ADDITIONAL INDEMNIFICATION (Must be completed for participants under the age of 18)

In consideration of _____ (print minor's name) ("Minor") being permitted by ETC to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless ETC from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent or Guardian: _____ Print Name: _____ Date: _____

MEDICAL EXAMINATION

Physical Examination Directions:

An M.D., D.O., N.P., APRN or P.A. must read and fill out pages 4-8. Physical examination data cannot be more than a year old from the starting date of the ETC course. Please check YES or NO for each item. Each question must be answered and please **provide dates and details for all "yes" answers.** (Please type or print legibly)

General Medical History

Does the applicant currently have or have a history of:

1. Respiratory problems? Asthma? YES NO
a. Is the asthma well controlled with an inhaler? YES NO

If so, please have the student bring one or more metered dose inhalers (MDI) with them for their course and an aerochamber/spacer is recommended.

What triggers an attack? Last episode? Ever hospitalized?

2. Gastrointestinal disturbances? YES NO
3. Diabetes? YES NO

Examiner's specific comments: _____

4. Bleeding, DVT (deep vein thrombosis) or blood disorders? YES NO
5. Hepatitis or other liver disease? YES NO

Examiner's specific comments: _____

6. Neurological problems? Epilepsy? YES NO
7. Seizures? YES NO
8. Dizziness/vertigo or fainting episodes? YES NO
9. Migraines? Medications, frequency, are they debilitating? YES NO

6-9. Describe frequency, date of last episode, and severity.

10. Disorders of the urinary or reproductive tract? YES NO
11. Any disease? YES NO
12. Does this person see a medical or physical specialist of any kind? YES NO

(provide name / address)
If "yes" please specify the issue(s)

13. Treatment or medication for menstrual cramps? YES NO
14. Are they pregnant? YES NO

Examiner's specific comments: _____

Cardiac History:

15. Any history of cardiac illness or significant risk factors, such as known coronary artery disease, hypertension, diabetes, hyperlipidemia, angina, tachycardia, bradycardia, unexplained chest pain or immediate family history of early cardiac death (<50 years old)? YES NO

Depending on the applicant's history, risk factors and age, a stress ECG or waiver from their cardiologist may be required.

Examiner's specific comments: _____

Muscle/Skeletal Injuries/Fractures

Does the applicant currently have or do they have a history within the past three years of:

16. Knee, hip, or ankle injuries (including sprains) and / or surgery? YES NO
- Type of injury or surgery? When did the injury or surgery occur?

- Is there full ROM? Full strength? YES NO
- What is the most rigorous activity participated in since the injury / surgery? Results?

Examiner's specific comments: (include date of last occurrence and the effect of the problem on current activity level)

17. Shoulder, arm, or back injuries (including sprains) and / or surgery? YES NO
- Type of injury or surgery? When did the injury or surgery occur?

- Is there full ROM? Full strength? YES NO
- What is the most rigorous activity participated in since the injury / surgery? Results?

Examiner's specific comments: (include date of last occurrence and the effect of the problem on current activity level)

18. Any other joint problems? YES NO
Examiner's specific comments: (include date of last occurrence and the effect of the problem on current activity level)

19. Head injury? Loss of consciousness? For how long? YES NO
Examiner's specific comments: (include date of last occurrence and the effect of the problem on current activity level)

20. Does the applicant have any physical, cognitive, sensory, or emotional condition that would require consideration? YES NO
If yes, please describe how the condition affects you: _____

Mental Health

Students with a history of psychotherapy that required medication or has included hospitalization or residential treatment need to be in a period of stability ranging from six months to two years, depending on the condition, before they will be accepted for a course. Applicants need to be gainfully occupied such as attending school or employed. ETC is not appropriate for applicants just leaving residential treatment facilities.

21. Have they had psychotherapy? YES NO

22. Are they currently in treatment or psychotherapy? YES NO

23. Reasons for treatment or therapy?
 suicide ADD / ADHD
 substance abuse / chemical dependency anxiety
 eating disorder (anorexia / bulimia) depression
 academic / career / family issues other _____

Please provide specific dates and details of psychotherapy and medications that were prescribed:

24. Name and telephone number of psychotherapist?

Name (_____) _____
Phone

Allergies

25. Are they allergic to or have a medically related intolerance to any food? YES NO

Describe: _____

26. Do they have any dietary preferences? YES NO

Describe: _____

27. Have they had any systemic allergic reactions to insects, bee / wasp stings, or medications resulting in hives, swelling of the face / lips, or difficulty breathing? YES NO

If appropriate please bring a personal supply of epinephrine, preferably in a pre-loaded autoinjector, and know how to use it.

Examiner's specific comments: _____

28. Any other allergies? YES NO

Examiner's specific comments: _____

29. Does this person plan to take any prescription or non-prescription medications on the course? YES NO

ETC courses travel in remote areas where access to medical care may be one or more days away. The student must understand the use of any prescription medications they may be taking. Written specific instructions are necessary. All students who are required by their personal physician, psychiatrist, or health care provider to take prescription medications on a regular basis must be able to do so on their own and without supervision or assistance from ETC staff.

Medication	Dosage	Side Effects / Restrictions	Prescribed by?	For what Conditions?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If medications or health condition changes prior to course start, please inform ETC.

Cold, Heat, Altitude

30. History of frostbite or Raynaud's Syndrome? YES NO

31. History of acute mountain sickness, high altitude pulmonary / cerebral edema? YES NO

When did the illness occur? _____

32. History of heat stroke or other heat related illness? YES NO

Examiner's specific comments: _____

Fitness (please provide details concerning the student's exercise regime)

33. Does the applicant exercise regularly? YES NO
Activity _____ Frequency _____
Duration / Distance _____ Intensity level Easy Moderate Competitive

Activity _____ Frequency _____
Duration / Distance _____ Intensity level Easy Moderate Competitive

34. Does this person smoke or use tobacco products? YES NO
Tobacco (or nicotine) is not allowed on ETC courses.

35. Swimming ability (CHECK ONE): Non-swimmer Recreational Competitive

36. ETC requires a tetanus immunization within 10 years of the start date of the course.

_____ / _____ / _____
Blood Pressure Pulse Last Tetanus Inoculation Height Weight

General Appearance, Impressions, and Comments:

DOCTOR SIGNATURE REQUIRED HERE

By my signature, I attest that the person named on page one of this form is medically cleared to participate on an ETC course based on the expedition information provided on page two of this form along with the background information provided by the applicant and my physical examination of them.

Examiner's Name _____

Address _____

Telephone (_____) _____ Fax (_____) _____

M.D., D.O., N.P., APRN or P.A Signature _____ / _____ / _____
Date