

Nurture Through Nature Medical and Consent Form

Name _____ home/cell phone _____

Address _____

Email: _____

Health Care Provider: _____ Phone _____

Insurance Company: _____ Policy Number: _____

Person (other than traveling companion) to notify in case of accident, illness or emergency:

Name _____ Relationship _____

Address _____

Phone: Home _____ Work _____ Cell _____

Medical Information: (use other side if necessary)

DOB ____/____/____ Blood Type _____

Do you have any medical condition such as asthma, diabetes, seizure, depression, recent surgery, etc. important to know about in case of an emergency?

No Yes Please explain:

Do you take any prescription medications? No Yes

Please list the name of and reason for taking medication or write "NONE."

Do you have any allergies to foods, medicine or environment? No Yes

Allergen	Reaction	Medication required
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Do you carry a Bee Sting Kit or any other medication to treat your allergy? No Yes

Do you have any medical condition and/or restriction (dietary, vision, hearing, etc.) which requires special arrangements, equipment, or assistance for you to participate in an active outdoor retreat schedule or in a retreat, in general? No Yes

Please specify:

I hereby give my permission to the instructor of this program to locate appropriate medical attention for me if the need arises.

Signature _____ **Date** _____

Return to: Nurture Through Nature, 77 Warren Rd, Denmark, Maine, 04022