



# APPALACHIAN ADVENTURE MEDICAL RELEASE

Name (print) \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Address \_\_\_\_\_

Dietary restrictions \_\_\_\_\_

Allergies (bee, food, medications, etc.) \_\_\_\_\_

Recent injuries or illnesses \_\_\_\_\_

Date of last tetanus \_\_\_\_\_

Other medical concerns that might affect the student's trip to TMI: \_\_\_\_\_

Please list any medications you are sending with the student. Send only necessary prescription drugs. If you are sending an Epipen please send 2 as well as the appropriate dose of oral Benadryl due to our remote location:

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Emergency Contact Numbers Home \_\_\_\_\_ Work \_\_\_\_\_

Contact Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

I understand that the **The Mountain Institute (TMI) & Augusta Heritage Center** will take every reasonable precaution against accident or injury during the trip. If a medical emergency occurs involving my children in route to or from or while participating in the TMI programs and I cannot readily be reached, TMI 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 further release TMI & Augusta Heritage, its staff and governing boards from any liability in case of accident or injury. I have listed all the information concerning allergies, unusual medical history or conditions, dietary restrictions and regular medication that my child may take.

Name (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ (If additional space

is required for full descriptions of the above categories please use the back of this sheet.)