



## Health Form

### Disclosure

Landmark programs involve a variety of activities including warm-ups, games, group initiative problems, low ropes elements and hands on application of CPR/first aid training. Some programs may also include other rigorous physical adventure activities such as backpacking, climbing, caving, paddling, swiftwater rescue, swimming, or hiking. These activities are designed to be within the limits of a person who is in reasonable good health. The level of participation in all programs and activities is at all times completely up to the individual.

Safety is a high priority in all programs. In addition, each participant must assume the risk that he or she may suffer an emotional or physical injury and disability. Each participant must have health/accident insurance coverage. The information requested on this form is intended to help alert staff to pre-existing medical conditions. This information will be held in confidence. Please complete the form below and bring it with you on the day of your scheduled program.

### General & Medical Information

Name \_\_\_\_\_ DOB \_\_\_\_\_

Do you have health/medical insurance? No  Yes

Name & Address of Company: \_\_\_\_\_

Do you have any limiting physical or health disabilities - temporary or permanent - that you or your doctor feel would limit your participation in a Landmark activity? No  Yes

Do you have any chronic or recurring injuries? No  Yes

Are you currently taking any medication? No  Yes

Do you have any allergies or reactions to any medications, plants, or insects? No  Yes

Have you had surgery in the past year for any condition which may limit your participation? No  Yes

Do you have asthma? No  Yes

Do you have diabetes? No  Yes

Are you pregnant? No  Yes

If yes to any of the above, please explain/describe:



# LANDMARK LEARNING

The Learning Specialists for the Outdoor Community.

Do you have or do you have a history of:

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> high blood pressure | <input type="checkbox"/> currently on medication for high blood pressure |                                       |
| <input type="checkbox"/> heart palpitations  | <input type="checkbox"/> chest pain or pressure                          | <input type="checkbox"/> stroke       |
| <input type="checkbox"/> heart attack        | <input type="checkbox"/> heart disease                                   | <input type="checkbox"/> heart murmur |

If yes to any of the above, please explain/describe:

Please list any other concerns or conditions that may affect your participation:

*We strongly recommend that you consult your physician or midwife if you are pregnant or have checked off any of the conditions above before participation in Landmark activities .*

### Emergency Contact Information

Person: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Email: \_\_\_\_\_