

ROCKY MOUNTAIN ADVENTURES
Audubon Camp in the Rockies



MEDICAL FORM

(Please complete one form per person)

Return this form by June 15, 2002 to:
Audubon Wyoming, 101 Garden Creek Road, Casper, WY 82604

Full Name _____ Date of Birth ____ / ____ / ____

Height _____ Weight _____

How is your health? Excellent ____, Good ____, Fair ____, Poor _____. If not excellent, please explain:

Are your activities in any way limited now? _____

Please be aware that the program involves daily field trips walking over undulating terrain, moderate in difficulty.

The Audubon Camp faculty and staff are trained in basic first aid and/or wilderness first responder, and there is EMT service available in Ten Sleep, which is 30 minutes away. The nearest hospital to the Audubon Camp is located in Worland, approximately one hour away. In the event of illness, a doctor, or the highest qualified medical person available, will be called at your expense.

In case of emergency, who should be notified?

Name _____ Relationship _____

Street _____ Telephone - home (____) _____

City _____ State _____ Zip _____ work (____) _____

Email _____

SHOULD AN EMERGENCY ARISE, WE NEED TO KNOW THE FOLLOWING:

Do you carry any medications? (specify) _____

Are you currently taking any medications (OTC or prescription) the Staff should be aware of?
(specify) _____

Are you allergic to any medications? (specify) _____

Are you allergic to insects, bees or plants that we might encounter on a field trip? (specify) _____

Have you had, or currently have, any ongoing/chronic illness: i.e.- heart problems, diabetes, high blood pressure, emphysema, asthma, epilepsy, hepatitis? (specify)

Should we be aware of any other medical concerns? _____

When was your last tetanus shot? _____ We recommend that you have this shot prior to attending camp.

Who is your medical insurance provider? _____

Policy Number _____

Insurance Company telephone number for pre-admission / pre-approval _____
(In event of emergency)

BRING ALL NECESSARY MEDICATIONS - NO PHARMACY WILL BE AVAILABLE

I hereby state that I am physically sound and in good health and any health conditions to which I am subject will not endanger myself or any other participant at the Audubon Camp.

Signature: _____ Date: _____

TO BE FILLED OUT BY AUDUBON CAMP STAFF IF NECESSARY

Date

Injury or Illness

Treatment