



**ALASKA GEOGRAPHIC YOUTH PROGRAMS
HEALTH AND EMERGENCY CONTACT INFORMATION**

Participant Information

Last Name		First	Middle	
Age	Date of Birth	Height	Weight	Gender
Mailing Address		City	State/Zip Code	
Day/Cell Phone		Home Phone	Email Address	

Emergency Contact Information (Please list two contacts that are available on course dates)

Name, Contact #1		Name, Contact #2	
Day Phone	Evening Phone	Day Phone	Evening Phone
Relationship to participant		Relationship to participant	
Language spoken at home		Language spoken at home	

Insurance and Medical Provider

Insurance Company	Policy Provider	Phone Number
Physician's Name		Phone Number

General Health Questions

Do you currently have or have a history of:

- | | |
|---|---|
| 1. Asthma/ Respiratory Ailments | 1. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Diabetes | 2. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Dietary Restrictions | 3. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Epilepsy | 4. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Heart Conditions | 5. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. High Blood Pressure | 6. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Joint Injuries or Pain | 7. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Recent Hospitalizations (last 5 years) | 8. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Taking Prescription Medication | 9. <input type="checkbox"/> Yes <input type="checkbox"/> No |

- 10. Gastrointestinal disturbances 10. Yes No
- 11. Head Injury or history of concussions 11. Yes No
- 12. Hepatitis or other liver disease 12. Yes No
- 13. Dizziness or fainting episodes 13. Yes No
- 14. Bleeding or blood disorders? 14. Yes No
- 15. Are you currently in, or have you had, psychotherapy with a mental health professional? 15. Yes No
- 16. Disorders of the urinary or reproductive tract? 16. Yes No
- 17. Contact Lenses/Glasses 17. Yes No
- 18. Tobacco use? 18. Yes No

If you answer yes to any of the above, or if you have any other condition that would be important for trip leaders or health providers to know, please give a brief explanation below: All information will remain confidential.

Allergies and Medications

- 19. Any Allergies? Insects, bee stings, food allergies, etc. Please list below: 19. Yes No
- 20. Have you been hospitalized for allergies? 20. Yes No
- 21. Do you carry epinephrine? 21. Yes No

Allergies	Reaction	Treatment

- 22. Are you on any medications?: 22. Yes No

Please list medication below:

Medication (s)	Dosage	Side Effects

Muscle/Skeletal Health

- 23. History of musculoskeletal pain (back, neck, shoulder, ankle, knee injuries including sprains) 23. Yes No

If yes, please explain:

Asthma

- 24. Do you have asthma? 24. Yes No
- 25. If yes, do you carry your own inhaler? 25. Yes No

Mental Health

Are you currently seeking treatment or have a history (in last 6 months) of treatment for the following:

- 26. ADHD Yes No 30. Depression Yes No
- 27. Anxiety Yes No 31. Suicidal Thoughts Yes No
- 28. Autism Yes No 32. Alcohol/Substance Abuse Yes No
- 29. Bipolar Disorder Yes No 33. Other Yes No

If yes, please explain. All information will remain confidential.

Fitness

34. What exercise activities to you regularly participate in?

Activity	Frequency	Intensity (easy/moderate/hard)

Swimming Ability

35. Please check box that applies to your swimming ability.
- I am very comfortable swimming
 Able to swim, but not very well.
 Unable to swim

Please note any other pertinent medical concerns Alaska Geographic staff should be aware of:

This information provided above is a complete and accurate statement of any physical or psychological conditions which may affect my participation on this trip. I have truthfully completed this form to the best of my knowledge and not withheld information that would be helpful to Alaska Geographic acting in loc parentis for the duration of the trip. I realize the failure to disclose information could result in harm to myself or fellow students. I agree to inform Alaska Geographic should there be any changes in my health status prior to the start of the course.

Participant Signature:

Date:

Parent or Guardian Signature:
(if participant is under age 18)

Date: