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Medical Form

**Please return at least 30 days prior to course start date.*

To be completed by the parent and student.

At Hawaii Wilderness, our student's health and safety are the most important factors of a successful experience. In the event of a serious illness or injury, every effort will be made to contact the parent or guardian. Please complete this form carefully, thoroughly and accurately. Use extra pages if necessary. Ultimately, it is up to the student and parent, in conjunction with their physician to decide whether a Hawaii Wilderness program is an acceptable match for them.

Program Description: Hawaii Wilderness Adventure School programs are strenuous outdoor adventures lasting up to 21 days. Our trips operate in remote areas where evacuation to medical facilities may take 24 hours, or more. Weather conditions can be extreme with temperatures ranging from 0 – 100 degrees. Prolonged heavy rain, high winds, intense sun and/or suddenly high seas are possible.

Physical demands on the student may include carrying a backpack weighing up to 35 pounds over uneven terrain such as boulders, river beds, sharp lava, snow, fallen logs, or slippery surfaces as well as ascending and descending steep mountain slopes. While participating on a Hawaii Wilderness expedition, students will sleep outdoors, experience long physically demanding days, set up their own camp and prepare their own meals. Each student is expected to take good care of him or herself.

***Hawaii Wilderness is not a rehabilitation program. It is not the place to quit smoking, drinking, using drugs, or to work through behavioral or psychological problems. Prior physical conditioning and an enthusiastic attitude are a necessity. Students find a Hawaii Wilderness course to be an extremely demanding experience both physically and mentally.

Hawaii Wilderness course dates: _____

Student name _____
First Last Preferred Name?

Home address _____
Street City State Zip

Birth date _____ Age on course _____ Gender- Male / Female

Parent/guardian to be contacted in case of illness or injury:

Name _____
Mr/Mrs/Ms First Last Relationship to student

Home address _____
Street City State Zip

Phone (____) _____ (____) _____ (____) _____
Home Cell Work

Please describe any allergies and reactions seen.

Does the student currently have or have a history of:

Respiratory problems / Asthma? YES NO

Is the asthma well controlled with an inhaler? YES NO
(If so, please have the student bring inhalers with them for their course.)

What triggers an attack? Last episode? Ever hospitalized?

Has the student:

Seen a professional to address mental/emotional health concerns? YES NO

Been treated for ADD or AD/HD? YES NO

Been treated for emotional or behavioral difficulties? YES NO

Had a significant life event that continues to affect the student's life?
(death of a loved one, family change, traumatic experience, etc.?) YES NO

Been treated for alcohol / drug addiction? YES NO

Please explain any "yes" answers (***)or anything else we should know about the students' emotional/behavioral situation):

Does the student have special food/dietary needs? YES NO
(if yes, please describe below)

The student's swimming ability is: [] non-swimmer/beginner [] recreational [] excellent
Does the student exercise regularly? [] no [] moderately [] frequently

Medications

[] This student will not take any medications while on course.

[] This student will take the following medication(s) while on course.

Medication	Reason for taking	When given	Amount given	How it's given

*All students required to take prescription medications must be able to do so on their own and without additional supervision.

The following non-prescription medications may be administered to the student if needed to manage illness or injury: Ibuprofen (Advil), Acetaminophen (Tylenol), Decongestant (Sudafed), Antihistamine (Benadryl), Laxatives (ExLax), Anti-diarrheal (Immodium A-D), Epinephrine (EpiPen), Anti-itch creams, Aloe or Cough drops.

Please list any of these, or other medications the student should NOT be given: _____

Other than the medications indicated that should NOT be given, does Hawaii Wilderness have your permission to administer these medications if needed? YES NO

Health Care Providers

Name of primary doctor _____ Phone: _____

Name of dentist _____ Phone: _____

Name of orthodontist _____ Phone: _____

Is there anything else we should know? (Use extra pages, if necessary.)

Thank you for taking the time to fill out this form. We will do our best to keep the student safe, healthy, and happy!

Authorization Signatures Required

I authorize Hawaii Wilderness staff, representatives, contractors, or other medical personnel to obtain or provide medical care for my child, to transport him/her to a medical facility and to provide treatment (including routine or emergency health care, hospitalization, medications, anesthesia, surgery) they consider necessary for my child's health. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. Except to the extent limited in this form, student has permission to participate in all Hawaii Wilderness activities. To the best of my knowledge, this health form contains accurate information. I will contact Hawaii Wilderness if any medical or health condition changes before the start of the course. I understand that providing inaccurate medical or health information or falsifying medical or health information can create serious risks to all participants, and can result in a student's dismissal from the program. I understand student's ability to participate is contingent upon Hawaii Wilderness's review of all forms, including this one. I understand that although Hawaii Wilderness will review this information and may allow participation, Hawaii Wilderness cannot anticipate or eliminate risks or complications posed by an individual's mental, physical, or emotional condition.

Parent/Guardian Signature _____ **Date** _____

Student Signature _____ **Date** _____