

8. Is there anything else you think we should know about your medical background? (Anything that could affect your safety or ability to participate fully, i.e. recent surgery orthopaedic injuries etc.?)

DIETARY RESTRICTIONS: Please be specific (vegetarian, no red meat, vegan, lactose intolerant, food allergies, strong food dislikes, etc.):

If you answered **YES** to **ANY** of the above questions please answer those of the following that apply as well:

- I was diagnosed with in the last year.
- I have been in a hospital or emergency department in the last two years due to:
- I have had to use epinephrine following an asthma attack/allergies or anaphylaxis in the last year?
- Will you be bringing/carrying epinephrine on the outing?
- What are you allergic to?
- How often do you use your inhaler to treat your asthma or wheezing?
- Do you have poor circulation due to your diabetes?
- Will you be carrying insulin or wearing an insulin pump during your outing?
- Are you able to exert yourself for more than 30 minutes without experiencing angina (chest) pain?
- Are you currently taking medication for your seizures?
- Have you experienced a seizure within the past year?
- Is your blood pressure currently under control (i.e., systolic under 140 and diastolic between 60 and 100)?

If there is anything else you think we should know about your medical background or might limit your ability to participate in the trip, please explain here.

PLEASE READ CAREFULLY! Participants (and parents/guardians, if appropriate) must read and sign below.

Participant acknowledgement of accuracy and understanding. By signing this form, I am declaring that, to the best of my knowledge, I have completed the questionnaire accurately. I also understand that by knowingly filling out the form inaccurately, or by withholding pertinent information about my health, I could potentially be increasing the risk to myself or others.

Consent to accept aid. By signing this form, I am giving consent and permission for the guiding staff, volunteers, representatives, or contractors to provide medical care to me or to my child, to transport me or my child to a medical facility or to seek the aid of emergency medical services as deemed appropriate. I further authorize the guiding staff, representatives, or contractors to render whatever treatment they consider necessary for my or my child's health, and I agree to pay all costs associated with that care and transportation.

Participant's name (printed) & Participant's signature

Signature of parent/guardian (if applicant is under 18)

Date