

NoCo Climbing Guides, LLC : Adult/Minor Health and Medical Information Form

Program Date/s _____

Name _____ Date of Birth _____ Home Phone _____ Mobile Phone _____

Mailing Address: _____

If Applicable: Parent/Guardian's Name/s contact: email: _____ mobile phone: _____

Insurance Company Name: _____ Policy #: _____ Phone: _____

Primary Medical Provider Name: _____ Phone: _____

Emergency contact: Name _____ relationship: _____ Phone: _____

Adult participant or the parent or legal guardian (collectively "parent") of a minor participant must review and complete the following information and sign below. Participation in NoCo Climbing Guides' programs includes a review of participant's medical and health information. **We require that you complete the requested information honestly, accurately, and completely.** Disclosing information here does not automatically exclude your or your child's participation in a program. NoCo Climbing Guides requests this information to assist in understanding health issues, consider reasonable accommodations, and to use in the event of an emergency. This information will be shared with our guides, staff, or others, as necessary, to address the participant's health and medical issues. Otherwise, this information will remain confidential.

Note: Before participation, you should consider carefully, in consultation with participant's medical provider, whether a NoCo Climbing Guides program and related activities are appropriate for you or your minor participant. Activities may be physically strenuous, mentally demanding, and require a participant to concentrate, pay attention, and follow directions. Activities vary from program to program, and can take place in a variety of environments with variations in altitude (at or above 8,000 ft.), temperature, weather, and terrain. Activities may take place in remote areas causing delays or difficulties in communication, transportation, evacuation, or medical care. In conjunction with completing this information, please review the NoCo Climbing Guides: Acknowledgment and Assumption of Risks & Release and Indemnity Agreement for additional details about the activities and associated risks. You can also contact us at 602-410-2817 if you have further questions or concerns.

Age: ____ **Height:** ____ **Weight:** ____ **Date of last Tetanus shot:** _____

Vision or Hearing: Any impairment? ____ yes ____ no If so, indicate whether it is corrected with glasses, hearing aid, etc.

Allergies: Include **known allergy/s** to foods, medications, insect bites/stings, animals, plants, dust, pollen, latex or other.

Note: For each allergy listed, identify the symptoms, reaction, any triggers, the severity (including a known anaphylactic reaction) and any related medication. **Please note if any allergy presents a serious or life threatening condition, has resulted in hospitalization, if the participant carries Epinephrine or other emergency medication, and, if so, where the participant will store the emergency medication during the program (i.e. certain compartment of a backpack).**

Asthma/Respiratory: Does participant have asthma or other respiratory condition? ____ yes ____ no

If yes, please specify any **triggers** (e.g. exercise, weather, allergen, etc.), and list any **medication taken for the condition** (e.g. an inhaler), and **where you or the minor participant will store such medication during the program.**

Medications: List all current prescription, over the counter, and natural medications, including those **regularly taken, or those prescribed or recommended for episodic or emergency use** (e.g. EpiPen, asthma inhaler).

Medication	Dosage/Frequency	For What Symptom/Condition	Side Effects/Effects of Missed Dose

Current, Chronic or Episodic condition/s: Does the participant have any **current (including chronic or episodic) medical or health condition/s**? This includes, but is not limited to: diabetes, heart condition, high blood pressure or other cardiovascular condition, orthopedic (joint or bone) injury, seizure disorder, current pregnancy, mental/psychiatric

conditions, emotional or behavioral condition, self-harm, or substance abuse. ___yes ___no. If yes, please describe the condition/s, the date of the last episode, and note if medication is required (identified above).

Surgery or Hospitalization: In the last 12 months, has the participant had surgery or been hospitalized for any reason? ___ yes ___ no. If yes, please explain.

Dietary Restrictions: Does the participant have special dietary restrictions? ___ yes ___ no. If yes, please note if the restriction is related to a food allergy, and add any details about the restriction not already identified.

COVID-19: Has the participant been fully vaccinated for COVID-19? ___ yes ___ no. If no, within the past fourteen days, has the participant been exposed to someone with COVID-19 or exhibited symptoms of COVID-19 such as fever, shortness of breath, body aches, dry cough, unusual fatigue, or loss of taste or smell? ___ yes ___ no. If yes, please explain.

Note: NoCo Climbing Guides may screen participants for COVID-19 upon check-in for a program and may decline to provide guiding services if a participant is symptomatic. Please call 602-410-2817 to reschedule your program if you have any symptoms of COVID-19 on the program date.

Additional Information: Does participant have any **condition/s or limitation/s** (e.g. mental, physical, and/or emotional), described above or otherwise, that may **necessitate care, affect their or other's well-being, or affect the participant's ability to engage in activity/s**? If so, please describe, and include any **adaptations or modifications** you consider appropriate.

Is there **any other health information** about participant that NoCo Climbing Guides should know? If so, please describe:

Medical Authorization: I authorize NoCo Climbing Guides' guides, staff, representatives or other medical personnel to obtain or provide routine or emergency medical care for me/my child, to transport me/my child to a medical facility, and to provide treatment they consider necessary for my/my child's health. I agree to the release (to or by NoCo Climbing Guides) of any medical records necessary for treatment, referral, billing or insurance purposes.

I certify that the above information is true, complete, and accurate. I agree to contact NoCo Climbing Guides promptly if any condition changes before the start of the program. I understand that providing inaccurate medical information or falsifying medical information can create serious risks to the participant or others and/or may result in the participant's dismissal from the program. Although NoCo Climbing Guides will review participant's submitted medical information and may allow participation, NoCo Climbing Guides cannot anticipate or eliminate risks or complications posed by participant's mental, physical (including fitness level), or emotional condition. I understand that my/my child's final acceptance and participation in the program is contingent upon NoCo Climbing Guides' representatives receipt and review of all required forms and information, including this form. I also understand that emergency, medical, drug and/or health issues and any related response, assessment, or treatment, are included within the scope of – and expressly subject to the terms of – the NoCo Climbing Guides: Acknowledgment and Assumption of Risks & Release and Indemnity Agreement.

I understand my signature is valid and legally binding whether I choose to electronically sign, or manually sign a printable version of this Document.

Participant Signature (Parent/Guardian please print name for minor) /Date /Print name here

Parent/Guardian Signature (required if participant is a minor) /Date /Print name here