



# MEDICAL INFORMATION

## Contact Information

(240) 344-0042 | info@getkidsoutside.net  
3810 Ausherman Road, Knoxville MD 21758

Please answer each question, providing detailed information on dates and type of medical treatment. Please attach a separate sheet if necessary. Your signature on this form certifies that your statements below are true. Get outside LLC reserves the right to refuse service at the climber's expense due to misrepresentation of medical and biographical information.

<b>Do you have back or knee problems? (If yes, please describe)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Dietary restrictions (specify):</b>	<input type="checkbox"/> None <input type="checkbox"/> Vegetarian <input type="checkbox"/> Other
<b>Do you wear corrective lenses?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do you smoke?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are you familiar with standard first-aid and current CPR techniques?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Do you suffer from symptoms of motion sickness?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>List any major accidents, illnesses or operations you have had in the past five years.</b>
<b>List any/all physical/mental limitations or medical conditions that may restrict your ability to participate on this trip.</b>
<b>List any/all medications you will be taking on this trip and why.</b>
<b>List any/all allergies to food and/or medication.</b>

## FITNESS BIO

Please describe what you do to keep fit and other outdoor experience you may have. This information is very useful, as we strive to cater each trip to match individual needs and goals. Signing this form indicates that you understand and comply with the physical fitness requirements for your program.

<b>Weekly fitness routine:</b>
<b>How will you modify your training regimen to prepare for this trip? (If applicable)</b>

<b>Please list any/all outdoor experience you may have. Attach additional sheet if necessary.</b>

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Name & Date of Trip