

KROKA EXPEDITIONS PHYSICAL, MEDICAL & EMERGENCY INFORMATION

767 NH Rte 123, Marlow, NH 03456 / phone 603.835.9087 / fax 603.835.6738 / semester@kroka.org / www.kroka.org

- **To be completed by parent(s). A doctor's signature is NOT necessary.**
- **Please do not leave any questions blank. Mark "none" or "no" if a question does not apply. This form contains important information to help us work with your son/daughter. Incomplete forms will be returned.**

Student Name _____ Birth date ____/____/____

Program Name _____ Height _____ Weight _____

Allergies (Please bring an Epipen if allergic to bee stings)? _____

Please rate the severity of the above allergies: mild moderate severe (life threatening)

Please describe in detail allergic reaction _____

Dietary Restrictions _____

Is student taking any medication? YES / NO If yes, what kind(s)

For what conditions _____

Instructors administer all medications unless other arrangements are made. Please provide written instructions below regarding dosage, frequency and potential side effects. These instructions will be taken on the trip and followed by staff. Please be specific. Please use additional paper if needed.

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MEDICAL EMERGENCY INFORMATION

Doctor's Name _____ Office Phone _____

Medical Insurance Carrier* _____ Phone _____

Medical Insurance Policy Number _____

****If you are uninsured, please read and sign the following:***

Having no insurance, I assume all financial responsibility for the cost of any medical treatment that may be a result of my child's participation in a Kroka Expeditions program.

Signature _____ Date ____/____/____

EMERGENCY CONTACTS - please print clearly.

Please provide the name and phone number of two emergency contacts in case you are unreachable:

1. Name _____ Day phone #(_____) _____

Relationship _____ Night phone #(_____) _____

2. Name _____ Day phone #(_____) _____

Relationship _____ Night phone #(_____) _____

I hereby give permission for any emergency treatment, should it become necessary.

Signature of parent or guardian for students under 18 years old Date ____/____/____

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ADDITIONAL QUESTIONS FOR EXTENDED TRIPS

Please describe your son/daughter' appetite _____

Please list any past or current conditions that may limit student's participation in any activity. _____

How does your child deal with stress and get along with other people? _____

We would like to know anything unique/special/different about your child that may affect this experience for her/him, other students, or staff. With staff knowledge prior to the program, the experience for all, most importantly your child, will be much more enjoyable. Please use additional paper if needed.
