

BIKETERNITY

P.O. Box 55, South Woodstock, CT 06267

Tel: 508-864-1308 Email: tours@biketerernity.org URL: www.biketerernity.org

BIKETERNITY Medical Information

Since most young people receive regular physical examinations for school, no doctor's exam is required. We do suggest that if your son/daughter has not had a medical exam in the last two years, he/she should have one prior to going on the trip. Please complete the following form for each person participating in BIKETERNITY programs in 2011. **We would also like a copy of your child's most recent physical form from your child's doctor AND attach copies of current medical insurance cards.** If you are an adult participant, this medical information would be helpful to have in the event you need assistance and unable to provide it. Please complete the following information:

NAME _____ AGE _____ TELEPHONE _____

1. The general health of the above person is: excellent ___ good ___ fair ___ poor ___
2. Date of birth: _____
3. Height: _____ Weight: _____
4. Allergies to medications or foods (and reactions): _____
5. Medications (including inhalers and EPI-pens): _____
6. Handicaps or other medical conditions: (Asthma, nosebleeds, headaches, etc.) _____
7. Restricted Activities: _____
8. Date of last Tetanus booster (please be specific): _____
9. May we give your child Tylenol/Ibuprofen/Benadryl/Antacid if necessary? _____
10. May we treat your daughter with an over the counter anti-fungal medication in the event of a yeast infection? _____
11. Other medications? (please list) _____. Please keep prescription medications in original bottles.
12. Family Health Insurance Company and Policy: _____
13. Name and phone number of pediatrician/physician: _____
14. Two emergency contacts in the event we are unable to reach you:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

11. In case of medical emergency, I give the Staff the power to act on my behalf.

Signature of rider (parent or guardian if a minor)

I give my son/daughter _____ permission to participate in BIKETERNITY programs and activities in 2011. I agree not to hold the BIKETERNITY or any of its officials or members responsible for any accidents that may occur. Every effort will be made to make this a happy, healthy, and positive experience.

Signature of parent or guardian

Date

This form must be completed, signed and returned to the address above.