



MOUNTAIN TRAIL OUTDOOR SCHOOL

PO Box 250, Hendersonville, NC 28793
Phone: 828-692-9136 Fax: 828-696-3589

School/Group:
Dates of Attendance:

General Information: Participants Name:	Parent/Guardian:
Home Address:	Home phone of Parent/Guardian: Daytime phone if different:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth: / /	Emergency Contact: Phone Number(s):

Medical History and Related Information: Please list all medical conditions, medications, allergies, restrictions to activity and pertinent past medical treatment. Use back/additional sheets as necessary.

Immunizations:
 Are the immunizations current for the participant? Yes No
 Are the immunizations on file with the visiting school? Yes No
 What is the date of the participant's last tetanus shot? _____

Insurance Information: Is the participant covered by an insurance plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	Carrier/Plan name:
Group Number:	Name of Insured:
Carrier Address:	Social Security Number of policy holder or insurance ID number:

Permission to Provide Necessary Treatment or Emergency Care: I hereby give permission to the medical personnel selected by Kanuga Conferences Inc. to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event of an emergency and an effort to reach me fails, I hereby give permission to the physician selected to secure and administer treatment, including hospitalization, for the participant named above. **Permission for Photo Release:** I give my consent for photographs, audio/video recordings of my child engaged in Mountain Trail Outdoor School programming to be used by Kanuga for its promotion, website and news media coverage.

Signature of parent/guardian: _____ Date: _____

**This completed form may be photocopied for trips off property.*