



Medical Information Form



In order to provide you with the most appropriate experience while on Hutch Farms, please answer ALL of the following. Use N/A if it does not apply to you or your child.

Participant Name: _____

Age: _____

Street Address: _____

City, State and Zip Code: _____

Home/ Cell Phone Number: _____

Emergency Notification: Name: _____

Relationship to participant: _____

Phone: _____

Please circle ALL that apply to the participant:

1. Are you currently taking any medication? YES NO If YES, please list.

2. Are you allergic to any medicines/ medical equipment? YES NO If YES, please list.

3. Are you allergic to bee stings? YES NO If YES, describe the allergic reaction.

4. Do you use a bee sting kit? YES NO If YES, be sure to have it with you.

5. Do you have asthma? YES NO If YES, What might trigger your asthma attacks?

6. Do you have any physical, emotional or special learning circumstances which might adversely affect your participation in activities and engagement at Hutch Farms or in The Outdoor Connection? YES NO If YES, please explain.



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I have shared accurate information on behalf of myself/my child to the best of my ability. In the event of an injury, if I or my child are unable to communicate, or I am unable to be reached at the time of the emergency, I grant my permission of any medical care, operations, or procedures that may become necessary.

Participant's Signature

Date

Signature of Parent/Guardian (if participant is less than 18 yrs old)