

## 2017 Sand to Stone Medical Form – DAD

### Introduction

This form is for:

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Allergies

Do you have any allergies? (Circle One)      Yes      No

If yes, please list \_\_\_\_\_

Other Medical Conditions \_\_\_\_\_

Please indicate any significant health history, mental health history, or medical condition(s) of which we need to be aware.

\_\_\_\_\_  
\_\_\_\_\_

Medical History

Do you have any medical history we should know about?  
(Circle One)      Yes      No

If yes, please explain

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Authorization / Consent to Medical Treatment

In the event I become ill during a Sand to Stone event, Sand to Stone is authorized by me, in its sole discretion, to take one or more of the following actions:

1) take me to a physician listed below if available; 2) take me to a hospital and give consent to medical care. The undersigned hereby acknowledges and agrees that Sand to Stone is not and shall not be financially responsible for any medical care or transportation costs provided for or on behalf of myself. The undersigned agrees to reimburse Sand to Stone for any such costs.

### **Preferred Physician Contact Information**

In case you need a primary care physician, I would prefer the following medical physician:

Physician Name: \_\_\_\_\_

Physician's Practice Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician Phone Number: \_\_\_\_\_

### **2017 Medical Form**

Health Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Dental Insurance Provider: \_\_\_\_\_

Dental Policy Number: \_\_\_\_\_

Dental Group Number: \_\_\_\_\_

### **PARTICIPATION IN CAMPING OR DAY TRIPS**

Please note: The following Release and Authorization shall be effective for camping of day trips in 2018 and no separate release or authorizations will be required by the undersigned or sought by Sand to Stone. If the undersigned desires to modify or rescind the following Release and Authorization, the undersigned shall be solely responsible for making such modification or rescission in writing and delivering it to the Sand to Stone before such modification or rescission becomes effective. I give my consent to participate in Sand to Stone camping or day trips with transportation being provided by myself, a friend of the immediate family, other representatives of Sand to Stone. I understand that by participating in camping or day trips, I will be exposed to the risk of serious injury, including but not limited to injuries such as sprains and fractures, and injuries that could result in brain damage, paralysis, or even death. I understand that some trips have a higher risk factor than other trips. I understand, acknowledge and agree that Sand to Stone does not assume any responsibility in case an accident occurs. In consideration for myself being permitted to take part in such activities and to make such trips, I hereby waive all claims, and I release, indemnify, defend and hold harmless Sand to Stone, its director, its employees and invitees together with all persons, including parents of children of Sand to Stone attendees, assisting with any phase of such activities and trips,

from any and all liability claims, suits, demands or causes of action, including any accident or injury suffered by personally while involved in such activities and trips. I further authorize Sand to Stone to share any of the information contained in this form, to the extent Sand to Stone deems necessary, for the provision of care and/or supervision to me. I will contact the director of Sand to Stone if my physician recommends any limitations to physical activity.

Father Signature:

Signed:\_\_\_\_\_

Signature Date\_\_\_\_\_

Spouse Signature (if applicable):

Signed\_\_\_\_\_

Signature Date\_\_\_\_\_