

Far Out ExpeditionS® ~ Medical and Dietary Information

This form must be completed and signed by each participant on a Far Out ExpeditionS field trip. If a participant is under 18 years of age this form must be signed by a parent or legal guardian.

Trip name: _____ Date: from _____ to _____
What day will you arrive for trip? _____ By what means of transportation? _____
Where will you be staying the night before the trip? _____

Name: _____
Address: _____
Phone: () _____ - _____ day () _____ - _____ eve email: _____

Male _____ Female _____ DOB ____ - ____ - ____ Height _____ Weight _____

Family Physician: _____ phone: () _____ - _____
Medical insurance: _____ policy number: _____
Name of insured: _____

Person to be notified in case of emergency: _____
Phone: () _____ - _____ day () _____ - _____ evening relationship: _____

1. List any illness or injuries for which you are currently being treated: _____
2. List any medications that you are currently taking and what they are for: _____
3. List any food or drug allergies you have: _____
4. Are you seriously allergic to bee stings? Yes ___ No ___ If yes, do you carry a current bee sting kit? _____
5. List any orthopedic problems which may impede moderately strenuous walking or climbing activity: _____
6. Do you have any history of lung (pulmonary) or heart (cardiac) disease for whether or not you are currently being treated? Please explain: _____
7. Do you have a current (within the past 10 years) tetanus vaccination? Yes ___ No _____
8. How would you rate your health and physical condition? _____
How often do you walk, hike, run, bicycle, cross-country ski or participate in any other aerobic activity?
9. Do you have a fear of heights? _____
10. Do you have any food restrictions? Yes ___ No ___ If yes, please elaborate: _____
11. What are your favorite foods, drinks, treats? _____
12. Do you drink coffee? Regular _____ Decaf _____ Do you drink tea? Regular _____ herbal _____

This form continues on the reverse – please complete both sides

Important information:

1. Some of our trips can involve moderate to high altitudes. This can have adverse (bad or serious) effects on persons with heart or lung disease.
2. All persons taking any medication or needing special supplies MUST have an ample supply of their own. Far Out Expeditions does not supply prescription medications and usually there are no pharmacies near by.
3. If there is any circumstance or condition which may interfere with your enjoyment, or the enjoyment of others, on a backcountry or remote trek, it is advisable to inform us so we can make arrangements for a successful trip.

I have read and acknowledged the medical and dietary information and filled this out honestly and to the best of my knowledge.

Signature of participant: _____ date _____

Signature of Parent/Guardian: _____ date _____
for participant named: _____

If there are any questions, please contact us:

Phone/fax: 435-672-2294

Email us at: tours@faroutexpeditions.com

Return this completed form to:

Far Out Expeditions
PO Box 307
Bluff Utah 84512