

### 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](mailto:tours@faroutexpeditions.com)

Return this completed form to:

Far Out Expeditions  
PO Box 307  
Bluff Utah 84512