Check Yes: If it is OK to give over the counter meds like Benadryl or Tylenol

Part B: General Information/Health History

B

Full name:

DOB:

High-adventure base participants:
Expedition/crew No.:
or staff position:

Allergies/Medications

Make sure this section is accurate and complete!!

Are you allergic to or do you have any adverse reaction to any of the following?

Yes	No	Allergies or Reactions	Explain	Yes	No	Allergies or Reactions	Explain
☐	☐	Medication		☐	☐	Plants	
☐	☐	Food		☐	☐	Insect bites/stings	

List all medications currently used, including any over-the-counter medications.

☐ **CHECK HERE IF NO MEDICATIONS ARE ROUTINELY TAKEN.**

☐ **IF ADDITIONAL SPACE IS NEEDED, PLEASE INDICATE ON A SEPARATE SHEET AND ATTACH.**

Medication	Dose	Frequency	Reason

☐ YES ☐ NO **Non-prescription medication administration is authorized with these exceptions:**

Administration of the above medications is approved for youth by:

Parent/guardian signature / MD/DO, NP, or PA signature (if your state requires signature)

Don't forget to sign

! Bring enough medications in sufficient quantities and in the original containers. Make sure that they are NOT expired, including inhalers and EpiPens. You SHOULD NOT STOP taking any maintenance medication unless instructed to do so by your doctor. !

Immunization

Simply attach the immunization record from the doctor!