Part	B:	General	Information/	Health	History
-------------	----	---------	--------------	---------------	---------

Full name:					gh-adventure base	participants:				
					pedition/crew No.: staff position:					
DOB:					stan position.					
Allergies/ Are you allergic to or o	Medicatio do you have any adve	ns rse reaction to	any of the following?	ake sur	e this section i	s accurate and complete!!				
	gies or Reactions cation		Explain	Yes No	Allergies or Reactions Plants Insect bites/stings	Explain				
List all medicat	ions currently ι	ısed, inclu	ding any over-the-coເ	ınter medi	cations.					
CHECK HERE IF NO MEDICATIONS ARE ROUTINELY TAKEN. INDICATE ON A SEPARATE SHEET AND ATTACH.										
Medic	ation	Dose	Frequency		Rea	son				
YES NO	Non-prescription	medication a	dministration is authorized	with these ex	cceptions:					
Administration of the a	above medications is	approved for y	outh by:							
			/ 🔤							
	Parent/guardia	an signature		MD/D0	O, NP, or PA signature (if your s	tate requires signature)				
are N	OT expired, inc cation unless in	luding inh structed t	sufficient quantities ar alers and EpiPens. Yo o do so by your docto ttach the immu	u SHOUL or.	D NOT STOP taking	any maintenance				
miniuniza	LIUII —									