

**OZARK NATURAL SCIENCE CENTER**  
**PARTICIPANT MEDICAL FORM**  
**(Bring with you to ONSC)**

Participant's name \_\_\_\_\_

Dates of ONSC Visit \_\_\_\_\_ Home Telephone \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Dietary Preferences (ex. Vegetarian-please be specific):  
\_\_\_\_\_

Dietary Restrictions (Diabetic, Hypoglycemia, etc.)  
\_\_\_\_\_

Allergies (lactose-intolerant. allergy to fish, etc.)  
\_\_\_\_\_

***If you have any of the above dietary restrictions, please call Sheila (936-0725) right away so that arrangements can be made.***

Adverse reaction to medication  
\_\_\_\_\_

Current medication (if any)  
\_\_\_\_\_

Dosage Instructions  
\_\_\_\_\_

Recent operation or illness \_\_\_\_\_ Date of last tetanus shot \_\_\_\_\_

Yes/No: Heart defects \_\_\_\_\_ Respiratory problems \_\_\_\_\_

Spouse/Nearest Relative Name \_\_\_\_\_ Business Telephone \_\_\_\_\_

**IN CASE OF EMERGENCY, WHAT OTHER RELATIVE, NEIGHBOR, OR FRIEND MAYBE CALLED?**

Name \_\_\_\_\_  
Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Do you have accident insurance coverage? \_\_\_\_\_

Insurance Company and Policy Number \_\_\_\_\_

Family Physician \_\_\_\_\_ Telephone \_\_\_\_\_

Is there a hospital that must be used for insurance purposes? \_\_\_\_\_ If so, name of hospital \_\_\_\_\_

*PLEASE COMPLETE OTHER SIDE*

## **Participant Medical Form (Continued)**

### **STATEMENT OF RESPONSIBILITY**

I am familiar with the general nature of the facility and activities planned for my organization's visit to the Ozark Natural Science Center.

If an outdoor program is planned, To my knowledge I am capable of moderate hikes, the pace of which is reasonably set and modulated by the Ozark Natural Science Center staff. I recognize that certain unavoidable hazards and risks are an inherent part of forest travel under changeable weather conditions. I understand that the Ozark Natural Science Center host and personnel will do everything in their power to minimize risk and to ensure a safe experience for all participants. At the same time, I am expected to abide by the protocol of the Ozark Natural Science Center and to accept a sensible amount of responsibility for my actions.

I authorize medical treatment for myself in the event of an emergency and my emergency contact cannot be reached.

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

*PLEASE COMPLETE OTHER SIDE*