

Pinnacle Explorations

Child Name _____

Medical History & Authorization

Please fill out this form completely. Sign and initial where indicated and mark N/A on the sections that do not apply. We cannot accept incomplete applications. The information you provide will be used to assist our staff with care of your child and is considered confidential. **We may require additional information about your child.**

Please contact our staff if any of the information on this form changes.

My child experiences the following:

Please check "NONE" or all that apply. We may request more information if medical conditions are checked. Providing additional information will help us give your child a positive experience with Pinnacle Explorations. Efforts will be made to provide reasonable accommodation in accordance with the American Disabilities Act.

NONE	ADD	ADHD	Allergies
Asthma	Asperger's Syndrome	Autism	Behavior Disorder
Developmental Disability	Diabetes	Hearing Impairment	Learning Disability
Mental Disability	Physical Disability	History of Seizures	Visual Impairment

Other: _____

Initial Here: _____

My child currently takes medication at:

Home School Program My child does not take medication Initial Here: _____

Insurance

Child's Name (First & Last)	Age	Birth Date / /	Grade
-----------------------------	-----	-------------------	-------

Physician Name (First & Last)	Phone
Address	City Zip
Medical Insurance Company	Policy No.
Preferred Hospital for Treatment	Date of Last Physical Exam Month _____ Year _____

I authorize the administration of all medical, dental, and surgical examinations, operations, treatment, and all related care, including emergency or ambulance transportation and the administration of drugs, tests, anesthesia, and blood transfusions to the above-named minor when a physician or dentist at the treating medical facility deems those procedures necessary for emergency treatment. I consent to the release of medical report(s) to any doctor or agency and consent to the admission of the above-named minor person to the hospital. I understand that Pinnacle Explorations and their officers, employees, and volunteers assume no financial obligation or liability in case of my child's accident or illness. I assume full financial responsibility for emergency treatment for my child.

SIGNATURE _____

DATE _____