

To join one of our trips, please complete and sign this medical form. Planet Earth Adventures, LLC trips can take place in remote locations. You will be dependent on the trip leaders and your group in case of an emergency. Please provide the following information for your safety. It is important that you be honest and thorough.

PARTICIPANTS NAME

(please print)

MEDICAL INSURANCE INFORMATION

Insurance Company: _____

Carriers Phone Number: _____

Policy Number _____

Does your Insurance Policy cover emergency evacuation?

Yes ☐ No ☐

FAMILY PHYSICIAN

Physician's Name: _____

Phone Number: _____

Email: _____

EMERGENCY CONTACT

Name _____

Address _____

City State Zip

Email Address _____

Phone (home) _____

Phone (work) _____

Phone (mobile) _____

Relationship: _____

MEDICATIONS

Please list any medications that you are currently taking:

1. _____
2. _____
3. _____
4. _____

OTHER MEDICAL INFORMATION OR SPECIAL SERVICES

Please briefly describe any medical requirements (i.e. diabetic, lactose intolerant, gluten allergy, etc.) **Please note:** due to limited availability of provisions in remote areas, food choices may be limited to current menu selections.

Please briefly describe any medical conditions we should be aware of (limited mobility, hearing or vision difficulties, pregnancy; recent surgery, medicinal needs, etc.):

SIGNATURE / AUTHORIZATION TO RELEASE INFORMATION

The information I have provided about my medical history is accurate to the best of my knowledge. I agree to accept responsibility for omissions regarding my failure to disclose any existing or past health conditions. If you require additional space for your medical information, please attach a separate sheet.

Participants Signature: _____

Date: _____