



PO Box 3174, McCall, ID 83638 - info@wildscienceexplorers.org

PARTICIPANT CONTACT INFO

Participant Name _____ Phone _____

Address _____

PARENT/GUARDIAN INFO (EMERGENCY CONTACT INFO)

Parent/legal guardian _____

Additional Emergency Contact _____

Address _____

Relation to participant _____

primary phone no. _____

primary phone no. _____

additional phone nos. _____

additional phone nos. _____

PARTICIPANT MEDICAL INFORMATION

BIRTH DATE _____

HEIGHT _____

WEIGHT _____

During this course, we will be traveling through a remote wilderness area. Please provide all relevant medical information regarding this participant. Include any medications they take regularly and any medical conditions which may present themselves. Even minor or infrequent problems could be significant in a wilderness setting. Please don't leave anything out.