

Experience Olympic Authorization, Safety & Confidential Medical Form

Experience Olympic will only share this information with medical personnel in an emergency.

Emergency Contact Name: _____ Phone Number: _____

If “yes” then please circle and include the name(s) of the people in your party:

1) Have you ever had a serious allergic reaction? Yes Person(s) Name(s): _____

2) Do you have asthma? Yes Person(s) Name(s): _____

3) Do you have diabetes? Yes Person(s) Name(s): _____

4) Do you have high blood pressure? Yes Person(s) Name(s): _____

5) Have you ever had any serious blood clots? Yes Person(s) Name(s): _____

5) Are you prescribed any daily medications? Yes Person(s) Name(s): _____

If you have a medical, mental or physical condition not named above that we should know about or answered “Yes” to any of the above questions, please explain below as relevant for our tour:

I agree to follow public health guidelines when interacting with people outside my household (including guides and other park guests). I authorize Experience Olympic staff to evacuate me to a hospital when they determine evacuation is necessary or prudent based on their training as Wilderness First Responders. I agree to assume full financial responsibility for all medical care I may receive.

Printed name Signature Date

Printed name Signature Date

Printed name Signature Date

Printed name Signature Date

Printed name Signature Date

Name and signature of parent or guardian for participants under 18

Printed name Signature Date

Printed names of participants under 18 years of age
