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**ABSAROKA-BEARTOOTH OUTFITTERS MEDICAL INFORMATION FORM**

Name \_\_\_\_\_

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

Emergency Contact \_\_\_\_\_

Telephone numbers: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Physician or medical provider Name: \_\_\_\_\_

Telephone numbers: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Insurance Information \_\_\_\_\_

Medical issues that Absaroka-Beartooth Outfitters, emergency medical providers, or medical physicians attending your emergency care need to be aware of:

Examples: Allergic reactions to drugs, foods, insects, plants, asthma, heart conditions, physical limitations

Please list \_\_\_\_\_

\_\_\_\_\_

Special Dietary Needs: \_\_\_\_\_

Current Medications and Dosage:

_____	Dosage	_____	X	_____
_____	Dosage	_____	X	_____
_____	Dosage	_____	X	_____
_____	Dosage	_____	X	_____
_____	Dosage	_____	X	_____

Do you carry any of the following emergency intervention medications:

Epinephrine:	yes	no	Type: Pen	Shot
Nitroglycerine:	yes	no		
Inhalers:	yes	no		

Please note: It is your responsibility to ensure your medications are available when necessary and to inform your guide of the location of the medications so they can be administered quickly in an emergency in the event you are not able to do so yourself.

If a medical emergency occurs and I am unable for any reason to make decisions regarding medical care for myself, and no one is accompanying me who is able to make decisions on my behalf, I grant permission to Absaroka-Beartooth Outfitters to initiate first aid procedures, including dispatch of emergency medical services, extrication and transportation to the nearest medical facility as necessary. I grant permission to be transported to a medical facility. Absaroka-Beartooth Outfitters is authorized to release this medical information to providers.

I understand that medical care and rescue in remote wilderness locations are limited and may result in long response times from emergency medical providers. I acknowledge that I have insurance to cover my own medical expenses and the costs of an emergency extrication, and if not, I agree to bear these costs myself. I hereby release Absaroka-Beartooth Outfitters, Inc., its guides, employees, agents and volunteers from any claims resulting from injury or accident to myself.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Participant/Legal Guardian\_\_\_\_\_