



FOOTHILL HORIZONS OUTDOOR SCHOOL
ADULT HEALTH FORM



Please follow student packing list. You may bring a cell phone and food.
For more info about teacher retreat or dorms, see www.foothillhorizons.com

Name, Date Of Birth, School, District, Address (Street, City, Zip), Cell, Other phone

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name, Relation, Phone (two entries)

HEALTH INFORMATION

YES NO checkboxes

1. Do you have any health concerns (heart condition, diabetes, high blood pressure)?

checkboxes

2. Do you have any serious allergies to foods, insect stings, medications, or other substances?
If YES, what are you allergic to?

Table with 4 columns: Allergen, life threatening, Epi Pen, and reaction types (Contact/touch, Ingestion/eating, Airborne/inhalation)

checkboxes

3. SPECIAL DIETS: Are there foods you CANNOT eat? no beef, no pork, vegetarian, vegan, other

For multiple and/or life threatening allergies email foothillhorizons@stancoe.org a description. All Special Diets must be in writing! Refer to Special Diet Policy on our website.

checkboxes

4. Do you take any medication? If yes, please list:

Physician: (If none, state "None") Phone #

Insurance Carrier: ID #

I hereby consent to emergency treatment if the need arises.

Signature Date