

Maine Local Living School

CONTACT & HEALTH FORMS FOR ADULTS (AGES 18+)

Participant's Full Name:	Date:
Program Name:	

Dear Program Participant (Age 18+),

Please read and fill out this entire Document carefully before signing. This Document serves to collect your medical information and emergency contact information for use during your program at Maine Local Living School. Please fill out this Document to the best of your ability with as much accuracy and relevant detail as possible.

PARTICIPANT'S PERSONAL INFORMATION: Please fill out your personal information:

Participant's Full Name:	
Participant's Email:	Participant's Age:
Participant's Phone Number:	Participant's Pronouns:
Participant's Mailing Address:	

PARTICIPANT'S EMERGENCY CONTACT INFORMATION: Please fill out your emergency contact information:

EMERGENCY CONTACT #1	
Full Name:	
Email:	Relation to Participant:
Phone Number:	
Mailing Address:	



EMERGENCY CONTACT #2	
Full Name:	
Email:	Relation to Participant:
Phone Number:	
Mailing Address:	

PARTICIPANT HEALTH INFORMATION: Please fill out your health information: Please circle **YES** or **NO** in response to each question, and give a detailed explanation for any **YES** answers.

<p>Do you have any <u>ALLERGIES</u>? Please include allergies to foods, medications, insect stings, and contact with plants. Please include details about the severity of these allergies (<u>MILD, SEVERE, or LIFE-THREATENING</u>). <u>YES</u> / <u>NO</u></p>
<p>Do you have any <u>SPECIAL DIETARY NEEDS</u> or <u>RESTRICTIONS</u>? <u>YES</u> / <u>NO</u></p>
<p>Do you have any <u>MEDICAL CONCERNS</u> that might impact your experience during your program at Maine Local Living School? Please include details about any injuries, chronic physical limitations, critical medications (please include dosages & instructions), emotional or social concerns, or anything else that you can let us know in advance to help our staff to make the program safe and enjoyable for you and everyone. <u>YES</u> / <u>NO</u></p>



By signing below, the Participant agrees that they have accurately completed their medical information and emergency contact information forms.

Participant's Printed Name:	Date:
Participant's Signature:	

MEDICAL TREATMENT AGREEMENT: In the event of an emergency or non-emergency situation requiring medical treatment, Maine Local Living School requires your permission to administer relevant medical and/or dental care to you, until your Emergency Contacts can be contacted. This care includes, but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel.

By signing below, the Participant agrees that they have carefully read, understood, and voluntarily signed this agreement.

Participant's Printed Name:	Date:
Participant's Signature:	

HEALTH INSURANCE INFORMATION: Please fill out your health insurance information. **Uninsured Participants** assume full responsibility for the cost of any medical treatment that may be necessary during or as a result of their Maine Local Living School program.

<u>Medical Insurance Company / Carrier:</u>
<u>Policy Holder Name:</u>
<u>Policy Number:</u>

By signing below, the Participant agrees that they have carefully read, understood, and voluntarily signed this agreement.

Participant's Printed Name:	Date:
Participant's Signature:	

