



Short Medical Form
(Must be completed by parent or legal guardian for participants under the age of 18)

www.AdventureLinks.net • (800) 877-0954 • (571) 281-3556 • Fax: (540) 443-6522

PARTICIPANT NAME: _____ PROGRAM NAME: _____

The following questions are not used to determine the eligibility of a participant in our program but rather to help our staff better understand the members of their group and what they strategies they might need to develop to ensure a successful day for all participants.

All information will be held in strict confidence.

Please circle either "yes" or "no" for the following questions.

Does the participant currently have or has had a recent history of:

- 1) Yes No Diabetes
2) Yes No Autism
3) Yes No Asperger's
4) Yes No Asthma/Respiratory Problems
5) Yes No Epilepsy or Seizures
6) Yes No Heart Disease
7) Yes No High Blood Pressure
8) Yes No Musculoskeletal injuries, breaks, sprains, or dislocations
9) Yes No Bleeding Disorders
10) Yes No Mental or Neurological Problems
11) Yes No Does the participant smoke
12) Yes No Is the participant pregnant

Please explain any "yes" answer

Allergies of any kind

Describe any other health conditions our staff should be aware of during your time at Hemlock

