

## VOLUNTEER MEDICAL FORM

I, \_\_\_\_\_, (circle one or more):

a- have a physical, medical or social/emotional condition.

b-will need to take medication during Outdoor Ed.

c-will require a special diet that may require a menu alteration.

d-NONE OF THE ABOVE.

Please explain if a, b, or c is circled above.

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Your signature below indicates that the above information is accurate.

Parent Name (print) \_\_\_\_\_

Parent Signature \_\_\_\_\_

Gender (male or female) \_\_\_\_\_

Child's Name \_\_\_\_\_

Date \_\_\_\_\_

**EVERY VOLUNTEER MUST RETURN THIS SIGNED FORM BY  
Friday, October 1<sup>st</sup>, 2004.**