

BECOMING AN OUTDOORS-WOMAN

Medical History Questionnaire

All Information is Confidential

Name _____ Date of Birth _____

Physician _____ Phone# _____

*Emergency Transport Contact Name _____ Phone# _____

*Emergency Transport Contact Name _____ Phone# _____

In case of emergency please notify _____ Phone# _____

QUESTIONS:

Please check any of the following medical conditions that apply to you:

- Yes No Are you allergic to any medication (aspirin, penicillin, etc.)? List _____
- Yes No Do you have any food allergies (nuts, seafood, fruits, etc.)? List _____
- Yes No Do you take any medication critical to your health? List _____
- Yes No Have you ever been told by a doctor that you have epilepsy? When _____
- Yes No Have you had recent surgical operations, accidents or injuries? When/What? _____
- Yes No Have you been “knocked out” unconscious, had a concussion or head injury? When? _____
- Yes No Are you pregnant? _____

Do you wear: glasses? or contact lenses?

Date of last tetanus immunization: _____

Please check any of the following medical conditions you have had within the last five years:

- Environmental allergies. (Especially to bees, ants, pollen etc.) If yes, please list _____
If yes, bring your own Epi-Pen or inhaler. We don't provide them.
- Heart Disease Diabetes Fainting spells
- Asthma – **please bring your own inhaler** Seizures High blood pressure

Do you have any medical training?

- Doctor Nurse Emergency Medical Technician Other _____

Is there anything else about your health you would like us to know in case of an emergency? _____

Signature _____ Date _____

PLEASE RETURN THIS QUESTIONNAIRE WITH YOUR REGISTRATION FORM.

*Emergency transport contacts are someone that, if called on the day of the workshop, would be able to transport you to the hospital for a non-life-threatening injury or medical condition.



NEW HAMPSHIRE FISH AND GAME DEPARTMENT

WAIVER OF LIABILITY

TO WHOM IT MAY CONCERN:

The undersigned, _____, hereby releases the New Hampshire Fish and Game Department and/or the State of New Hampshire from all liability and/or any and all claims which may be brought against them in the event that any injury should occur to him/her while attending the Becoming an Outdoors-Woman Program sponsored by the New Hampshire Fish and Game Department.

SIGNATURE: _____

PRINT NAME: _____

ADDRESS: _____

DATE: _____

Please return this completed form with your Registration Form. Thank you.



BECOMING AN OUTDOORS WOMAN

PHOTO RELEASE

I hereby release my interests in photographs or video footage taken of me by representatives of the New Hampshire Fish and Game Department and/or the New Hampshire Wildlife Federation during the Becoming an Outdoors-Woman Program.

I wish to generously give my interest in the photographs or video footage to the New Hampshire Fish and Game Department and/or the New Hampshire Wildlife Federation for any future use, including publicity and advertisements, and I acknowledge that no payment has been made to me.

Representatives of the news media may be present as participants in the weekend's activities. You are under no obligation to speak to or work with them unless you wish to.

I recognize it is my responsibility to speak directly with the photographer or videographer if I do not want my image taken.

Signature _____

Print name _____

Address _____

Address _____

Please return this form with your Registration Form. Thank you.