

Medical Information

- This medical clearance/release form should be included with your application to the Maderas Rainforest Conservancy. You will not be considered for any program offered by the Maderas Rainforest Conservancy before this form is completed.
- If student is under 18 or married we must have parental/spouse authorization on all statements noted, and parents/spouse must sign below.
- Your safety is important to us! In order to participate in the program, all students must fully understand and agree to the terms of this agreement by signing below.
- I am of sound mind, in good health with no physical or mental conditions that would hinder or prevent me from participating in the program.
- I understand that keeping health limitations confidential can result in the nullification of my application or my dismissal from the program.
- The student's doctor must complete the medical information below and note all known pre-existing medical conditions PRIOR to arrival at any of our field sites.
- **Before** acceptance into our program, The Maderas Rainforest Conservancy/La Suerte/Ometepe Biological Field Station or medical personnel on location has the student's authorization to **speak** to your doctor without restrictions if it is necessary.
- **During** the class session, Maderas Rainforest Conservancy/La Suerte/Ometepe Biological Field Station or medical personnel on location has the student's authorization to **speak** to your doctor without restrictions if it is necessary.
- To ensure the safety of all students, Maderas Rainforest Conservancy/La Suerte/Ometepe Biological Field Station has the right to deny acceptance into the program based on recommendation from your doctors, health limitations that would endanger the student, or a medical record that indicates a history of mental health issues that may endanger the student or disrupt the learning environment.
- To ensure the safety of all students, medical complications on site may result in an early return home. Students who suffer injuries or become ill at our sites will be treated at local clinics and based on medical evaluation sent home. Maderas Rainforest Conservancy/La Suerte/Ometepe Biological Field Station has the student's authorization to speak to the student's doctor without restrictions if it is necessary.
- Maderas Rainforest Conservancy/La Suerte/Ometepe Biological Field Stations are not responsible for medical expenses that may occur due to sudden illnesses.
- Maderas Rainforest Conservancy/La Suerte/Ometepe Biological Field Stations are not responsible for added expenses related to emergency transportation to the clinics or emergency evacuation to the USA.
- Should a student feel ill at any time during his or her stay, it is their responsibility to bring this condition to the attention of staff members IMMEDIATELY, so that an appropriate response can be initiated.

- Maderas Rainforest Conservancy/La Suerte/Ometepe Biological Field Stations have authorization to request medical or hospital records.
- It is the responsibility of the student to notify the faculty or staff of the Maderas Rainforest Conservancy of any activities, required or unrequired, which are outside of the personal fitness level of the student.

*I _____ have read, understood and agree to the statements above.
Below I voluntarily sign in agreement to the statements and release of information above.*

Student First Name: _____ Middle _____ Last _____

Signature X _____ Date: _____

(Under 18 require a signature) Parent / Guardian Signature

Signature X _____ Date: _____

Emergency Contact: _____ Tel. _____

Cell. _____ Email _____ Relation _____

Student Name _____ Tel: _____

Cell: _____ Email: _____

Course Name(s): _____,

_____ Year: _____

Circle Session:

Date Beginning: _____ Date Ending: _____

Medical Form:

Doctor use only. *Required before student can be considered for any program offered by the Maderas Rainforest Conservancy.*

Traveling and studying in the tropics can be demanding on the mind and body. All participants to this program must be in good health and have no physical or mental conditions that would hinder or prevent them from participating in the program. The participants' safety is very important to us and we need to be made aware of all pre-existing medical conditions or limitations. Please bear in mind behavioral conditions that may pose dangers to students, and the participant named above may be cause for dismissal from the program. The participant named above has authorized us to contact his/her doctor if further information is needed before or during the class session.

Please check if the participant has any of the following health conditions:

Asthma _____ HayFever _____ Convulsions _____ Diabetes _____ Heart _____
Drug/alcohol _____ Allergies _____ Stings/InsectBites _____ Penicillin _____
Mental health _____ Other _____

In your opinion, is the applicant physically fit enough to participate in a program requiring rigorous physical activity on a daily level (steep hiking, long days outside in the heat, walking in rocky and muddy terrain)?

Has the participant ever been hospitalized? _____ If so, please explain the condition below:

Specialist or Family Physician evaluating the patient at the time: Tel: _____

Fax: _____ Email: _____

Please check the following accordingly.

Yes, the patient examined today is in good physical and mental health and capable of safely participating in our program.

No, we recommend the patient not travel at this time due to current health limitations. Explain.

If any of the medical conditions above were checked, please include limitations or restrictions on back page.

Family Physician Name: _____ Tel: _____

Fax: _____ Email: _____

Specialist's Name: _____ Tel: _____

Fax: _____ Email: _____

Signature: _____ Date: _____
