

KROKA EXPEDITIONS PHYSICAL, MEDICAL & EMERGENCY INFORMATION

767 NH Rte 123, Marlow, NH 03456 / phone 603.835.9087 / fax
603.835.6248/lbkroka@sover.net/www.kroka.org

MEDICAL EMERGENCY INFORMATION

Doctor's Name _____ Office Phone _____

Medical Insurance Carrier* _____ Phone _____

Medical Insurance Policy Number _____

****If you are uninsured, please read and sign the following:***

Having no insurance, I assume all financial responsibility for the cost of any medical treatment that may be a result of my child's participation in a Kroka Expeditions program.

Signature _____ Date ____/____/____

EMERGENCY CONTACTS - please print clearly.

Please provide the name and phone number of two emergency contacts in case you are unreachable:

1. Name _____ Day phone #(____) _____

Relationship _____ Night phone #(____) _____

2. Name _____ Day phone #(____) _____

Relationship _____ Night phone #(____) _____

I hereby give permission for any emergency treatment, should it become necessary.

Signature of parent or guardian for students under 18 years old Date ____/____/____

ADDITIONAL QUESTIONS FOR EXTENDED TRIPS

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Please describe your child's appetite.

Please list any past or current conditions that may limit student's participation in any activity.

How does your child deal with stress and get along with other people? _____

We would like to know anything unique/special/different about your child that may affect this experience for her/him, other students, or staff. With staff knowledge prior to the program, the experience for all, most importantly your child, will be much more enjoyable. Please use additional paper if needed.
