

KROKA EXPEDITIONS PHYSICAL, MEDICAL & EMERGENCY INFORMATION

767 NH Rte 123, Marlow, NH 03456 / phone 603.835.9087 / fax 603.835.6738 lisl@kroka.org / 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 ____/____/____

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ADDITIONAL QUESTIONS FOR EXTENDED TRIPS

Please describe your son/daughter'

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.
