

**MEDICAL RELEASE FORM**  
(Only if required --see partial medical history above)

This form must be completed and signed by a medical doctor for participants who answered "yes" to any of the conditions listed on the Medical History portion of the Registration form. They will not be allowed to participate if this form is not submitted. The examination must be current within eight weeks of the participation date.

Participant \_\_\_\_\_ Date of Trek \_\_\_\_\_

**Dear Doctor:** The above named person will participate in a Pioneer Youth Conference. Persons suffering from any of the conditions listed below must obtain a physician's clearance before participating in this program. The participants will be in a wilderness setting for approximately four days. They will have ample food and water. They will hike approximately 25 to 35 miles over the conference's duration. They will also engage in various outdoor activities. Please consider the following conditions in your decision (as well as other medical problems which may be aggravated by or interfere with the aforementioned conditions):

- |   |                                       |
|---|---------------------------------------|
| Arthritis                               | Epilepsy                              |
| Emotional problems requiring medication | Fainting spells                       |
| Major bone or joint injuries            | Ulcers                                |
| Major operation or serious illness      | Rheumatic fever                       |
| Diabetes                                | High blood pressure                   |
| Pregnancy                               | Heart trouble                         |
| Hypoglycemia                            | <b>Other medical conditions which</b> |
| Asthma                                  | <b>might be aggravated by hiking</b>  |

Due to the strenuous physical nature of the Pioneer Trek Youth Conference, individuals suffering from aggravating medical conditions are not allowed to participate in some of the activities. However, these individuals still need your approval to participate in other activities in the outdoors where medical facilities are limited. Individuals will be allowed to take medications for chronic conditions if the medication is prescribed or accompanied by a doctor's approval

General Appraisal:

- ( ) APPROVAL: I find no medical problems which I consider incompatible with this Trek.
- ( ) LIMITED APPROVAL: This individual may participate subject to the limitations listed below
- ( ) DISAPPROVAL: This individual has medical problems which, in my opinion, clearly constitute unacceptable hazards to his/her health and safety in this program.

Recommendations and/or restrictions: (if none, specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doctor's signature \_\_\_\_\_ Date \_\_\_\_\_  
Doctor's name (PRINT): \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_