"ALL IS WELL"

… Our Healthful Retreat Medical/Dietary Form …

Retreat Date: _____

Name of Participant: _____

Telephone #: _____

Name of Emergency Contact Person: _____

Phone #: _____

A. Please indicate if you have any medical conditions that you are aware of that may affect your health during your stay at *Woodland Vista* or your sustainable activity with *Yours Outdoors.*

Heart Condition	**Yes ___**	**No ___**	**Explain** _____
Epilepsy	**Yes ___**	**No ___**	**Explain** _____
Asthma	**Yes ___**	**No___**	**Explain** _____
Insect/Plant /Allergies	**Yes ___**	**No___**	**Explain** _____
Drug/Serum Allergies	**Yes ___**	**No ___**	**Explain** _____
Food Allergies	**Yes ___**	**No ___**	**Explain** _____

Other…please explain:_____

Any other injuries, conditions or medical issues your retreat & tour organizer should know about which could affect your participation?

_____

_____

B. Dietary Restrictions **No ___** **Yes ___** **Explain:** _____

_____

I have provided medical and dietary information that is accurate.

Signed: _____ ***Date:*** _____