MEDICAL RECORD - YOUTH

North Carolina Outward Bound School

Welcome to Outward Bound!

All participants are required to complete our Medical Record booklet. The information you provide informs us of your physical, emotional and motivational ability to attend course and helps determine if an Outward Bound course is appropriate for you at this time.

Take time to answer our questions completely. Every item in the Medical Record booklet must be completed. Mark a section "N/A" if it is not applicable to you. Any item or section not completed will require telephone or written follow-up. Failure to fully complete required forms will delay your application. Keep a copy of this booklet for your records.

It is imperative that you or your doctor notify our Medical Screener of any significant changes in your health after you submit the Medical Record booklet and prior to your course start.

We have a policy of accepting participants who are physically challenged or have special medical conditions providing their condition does not pose a significant safety risk to themselves or others. This long-standing policy is consistent with our educational goals and philosophies as well as our legal and ethical obligations.

MEDICATIONS

Participants requiring prescription medications must bring **double** their normal dosage due to the potential of loss or damage of a medication. If you are unable to meet this requirement due to FDA/DEA restrictions on the medication or medication costs, please notify our Medical Screener.

Non-prescription or prescription drugs brought on course must be noted in the Medical Record booklet. Medications listed must accompany the participant on course.

Participants will not be permitted to begin their course without their required medications OR with new medications not approved by our Medical Screener.

Non-prescription drugs and prescription drugs not listed on the approved Medical Record booklet are not permitted on North Carolina Outward Bound courses.

NUTRITION

Outward Bound practices Leave No Trace camping ethics. Therefore, we seldom build fires. You will be cooking on gas camp stoves. Your instructors will teach you how to use the stoves and you will be responsible for helping with the preparation of all meals for yourself and your crewmates. While on course, you will be eating foods that travel well, are light-weight and portable. The food is wholesome, nutritious and selected to meet the high energy demands of the program. We use a lot of hummus, bagels, beans, rice, tortillas, pita bread, peanut butter, jelly, tuna fish, pasta and trail mixes. The amount of physical activity you experience during your course demands a nutritious diet to help fuel your body. Therefore, junk food is not available on course. To prepare, we suggest you cut down on candy, soft drinks, coffee, pastries and other junk foods. Moderating caffeine, alcohol and tobacco consumption will contribute to your fitness. These products will not be part of your Outward Bound course; a clear head and fast reflexes are essential to safety and success on course.

If you are overweight, don't go on a crash diet to shed extra pounds; you will only deplete the strength you want to develop. Please check with our Medical Screener to set a realistic goal for weight loss and stay committed. With advance notice, lactose-free and vegetarian diets can be accommodated. For other diets, such as low fat, vegan and lactose-free vegetarian, it may be necessary for you to bring supplements. Talk with our Medical Screener about appropriate foods and amounts.

ADDITTIONAL FORMS

Depending on your course and the answers received during your medical pre-screen, you may need to fill out additional forms to complete your application process. These additional forms will be indicated in your Registration E-mail or Letter and should be returned along with this Medical Record booklet, pages 4-6 of the Policy Booklet and the Participant Acknowledgement and Assumption of Risks and Liability Release and Indemnity Agreement.

INSURANCE

During your course, you should be covered by your own or your family's health and/or accident insurance. Please provide your policy number, company name and address and the policy holder's name. Bills for medical treatment will be the responsibility of your insurance company. If you are not covered by health and/or accident insurance, you or your family are responsible for any costs incurred. We suggest you consider purchasing a short-term health insurance plan.

For our international courses or courses withan international component, we also suggest you consider purchasing travel insurance.

INFORMATION ON COMPLETING AND RETURNING YOUR FORMS

Directions for completing your forms can be found by clicking this link: **Complete Your Forms**.

QUESTIONS

If you have questions regarding the Medical Record booklet, contact our Medical Screener at 800-709-6098 or e-mail medical@ncobs.org.

Other non-related medical questions should be directed to your Student Services Representative at 800-878-5258 or e-mail studentservices@ncobs.org.

RETURN

OUTWARD BOUND

Instructor Notes

Office Use Only

Follow-up/Approval

Participant Confidential Medical Record

This form may be filled in **on-line** and signed with a digital signature option. Or you may print out this form and fill in using **blue or black ink**.

PART I General Information

Program/Course _____ **Starting Date** _____

Applicant

Name _____
Gender ☐ Male ☐ Female
Age at Program Start _____ DOB ____/____/____
Height _____ ft. _____ inches
Weight _____ lbs.
Occupation _____

Address _____
_____
City/State/Zip _____
Daytime Telephone _____
Evening Telephone _____
FAX _____ Cell _____
email _____

Parent/Guardian (if applicant is under the age of 21)

Name _____
Relationship _____
Address _____
City/State/Zip _____
Occupation _____
Home Telephone _____
Work Phone _____ Cell _____
FAX #/email _____

Parent/Guardian (if applicant is under the age of 21)

Name _____
Relationship _____
Address _____
City/State/Zip _____
Occupation _____
Home Telephone _____
Work Phone _____ Cell _____
FAX #/email _____

Emergency Contact (not parent/guardian)

Name _____
Relationship _____
Daytime Telephone # _____
Evening Telephone # _____
Cell Phone # _____

Family Physician

Name _____
Telephone # _____
FAX # _____

Do you speak/understand English?

☐ Yes ☐ No

Ethnic Background (Optional)

☐ Asian
☐ Multi-Ethnic
☐ Hispanic or Latino
☐ Caucasian (Non-Hispanic)
☐ Native Hawaiian or Pacific Island
☐ African American
☐ American Indian/Alaskan Native
☐ Do Not Know Ethnicity
☐ Other _____

Insurance Information

Each participant is responsible for any medical expenses and should be covered by his/her own illness and accident insurance

DO YOU HAVE INSURANCE? ☐ Yes ☐ No If Yes, Group # _____ Policy # _____
IF YOU HAVE INSURANCE, PLEASE ATTACH A PHOTOCOPY OF BOTH THE FRONT AND BACK OF YOUR INSURANCE CARD.

Signature Required

Consent is hereby given for the applicant to attend an OUTWARD BOUND program and permission is given for any emergency anesthesia, operation, hospitalization or other treatment (whether for an emergency or not) which might become necessary. I agree to be responsible for any and all costs associated with such treatment, including the costs of evacuation, if any. All information will be kept confidential except that information may be disclosed to any medical or other provider as needed for my (or my child's) care. If Outward Bound arranges for treatment for me (or my child) by a medical provider, I authorize that medical provider to release information about me (or my child), and my (or my child's) condition and treatment to Outward Bound. Over the years, many students with a variety of medical and psychological difficulties have successfully completed our programs, but we must be aware of these conditions. **Failure to disclose such information could result in serious harm to you (or your child) and fellow students. I understand that I (or my child) may be in remote areas, several hours or days away from any medical facility or where communication, transportation, or evacuation is subject to delay.** If you (or your child) arrive at the program start with a pre-existing medical, behavioral or psychological condition which is not indicated on your medical form and you are subsequently unable to participate fully or are forced to leave the program because of that condition, you may be charged an evacuation fee and may not receive a refund of tuition.

_____ _____
Applicant's Signature Date

_____ _____
Parent's/Guardian's Signature (if applicant is under the age of 21) **Date**

PART II Participant History: Past and Present Medical Problems

A. Conditions and Symptoms *(Please FILL in EVERY blank!)*

#	Condition	Y	N	#	Condition	Y	N	#	Condition	Y	N
1	High Blood Pressure	☐	☐	24	Frostbite	☐	☐	47	Ankle Problem	☐	☐
2	Heart Disease	☐	☐	25	Circulation Problems	☐	☐	48	Leg/Hip Problem	☐	☐
3	Heart Murmur	☐	☐	26	Bedwetting	☐	☐	49	Foot Problem	☐	☐
4	Irregular Heartbeat	☐	☐	27	Headaches	☐	☐	50	Currently Pregnant	☐	☐
5	Family history of heart attack	☐	☐	28	Head injury with neurological impairment	☐	☐	51	Medical Equipment/ Devices	☐	☐
6	Tuberculosis	☐	☐	29	Stomach Ulcers	☐	☐	52	Learning Disability	☐	☐
7	Recent Exposure to Active TB	☐	☐	30	Intestinal Problems	☐	☐	53	Special Diet	☐	☐
8	Positive TB test	☐	☐	31	Heatstroke	☐	☐	54	Unexpected Weight Loss	☐	☐
9	Active or History of Hepatitis	☐	☐	32	Bladder Infection	☐	☐	55	History of Altitude Sickness	☐	☐
10	Lyme Disease	☐	☐	33	Difficulty Urinating	☐	☐	**Do you currently or regularly have any of the following symptoms?**			
11	Seizure Disorder/Epilepsy	☐	☐	34	Kidney Problems	☐	☐				
12	Seizure w/in past year	☐	☐	35	Thyroid Problems	☐	☐	56	Chest Pain/Pressure	☐	☐
13	Bleeding / Blood Disorder	☐	☐	36	Endocrine Problems	☐	☐	57	Heart Palpitations	☐	☐
14	Sickle Cell Anemia or Sickle Cell Trait	☐	☐	37	Hearing Impairment	☐	☐	58	Frequent Shortness of Breath	☐	☐
15	Chronic Cough	☐	☐	38	Vision Impairment	☐	☐	59	Unexplained Sweating	☐	☐
16	Recurrent Lung Infections	☐	☐	39	Motion Sickness	☐	☐	60	Frequent Dizziness	☐	☐
17	Asthma	☐	☐	40	Sleep Walking	☐	☐	61	Frequent Fainting	☐	☐
18	Diabetes	☐	☐	41	Broken Bones	☐	☐	62	Heartburn	☐	☐
19	Hypoglycemia (low blood sugar)	☐	☐	42	Neck Problem	☐	☐	63	Muscle Cramps	☐	☐
20	Anorexia Nervosa	☐	☐	43	Back Problem	☐	☐	64	Intolerance to Warm **or**	☐	☐
21	Bulimia	☐	☐	44	Elbow/Wrist/Hand Problem	☐	☐	65	Cold Temperatures	☐	☐
22	Cancer	☐	☐	45	Shoulder Problem	☐	☐	66	PMS/Menstrual Problems	☐	☐
23	Skin Problem	☐	☐	46	Knee Problem	☐	☐	67	Other	☐	☐

If you have answered "yes" to any of the above items, please explain below. Include the following:

- **Specific symptoms that are occurring**
- **How long symptom/condition lasts**
- **Date of last occurrence**
- **How often symptom/condition occurs**
- **How you care for symptom/condition**
- **How symptom/condition restricts your activity in any way, including your ability to run, lift, and climb**

Item #	Detailed Description (including restrictions, if any)

B. Allergies - Including allergies to medicines, foods, insect bites/stings

NONE ☐ **OR...**

Allergy List Below	Reaction	Medication Required (if any)

C. Medications You Are Currently Taking

If psychiatric medication, please list any taken within the past 2 months

NONE ☐ **OR... list any you are using including psychiatric, over-the-counter, inhalers, herbal supplements**

Medication List Below	Taken For Symptom/Condition	Dosage Size/Frequency	Date Started	Current Side Effects (if any)

NOTE: If you are taking prescription medications, you MUST bring them in ORIGINAL PRESCRIPTION BOTTLES with the physician's dosage directions. If possible, bring a double supply. Any changes to the above noted medications or dosages, please contact Outward Bound.

D. Immunization

We recommend that all of our participants have a current tetanus immunization (w/in 10 years).

E. Hospitalizations/Emergencies/Urgent Care

NONE ☐ **OR... please list any hospital, emergency department, or urgent care visits within the past 2 years**

Date of Visit/Admittance	Reason	Length of Stay

F. Blood Pressure - Must be taken within 6 months of program start

Blood Pressure _____/_____ If BP s over 150/90, please take a second reading:

Date Taken _____ Second Reading _____/_____ Date Taken_____

Blood pressure may be taken with apparatus at a local grocery or drug store.

G. Personal History - Based upon past one to two years

#	Counseling History (Based upon past two years) Date of Last Session _____
1	Have you been diagnosed or treated for any of the following within the past two years? Y ☐ N ☐ Attention Deficit Disorder (ADD) Y ☐ N ☐ Impulse Control Disorder Y ☐ N ☐ Pervasive Developmental Disorder Y ☐ N ☐ Adjustment Disorder Y ☐ N ☐ Learning Disorder Y ☐ N ☐ Schizophrenia Y ☐ N ☐ Anxiety Disorder Y ☐ N ☐ Mental Retardation Y ☐ N ☐ Substance Related Disorder Y ☐ N ☐ Disruptive Behavior Disorder Y ☐ N ☐ Mood Disorder Y ☐ N ☐ Other _____ Y ☐ N ☐ Eating Disorder Y ☐ N ☐ Personality Disorder
2	Have you received any of the following treatment or therapy for any of the above conditions? Y ☐ N ☐ Medication(s) Y ☐ N ☐ Day Treatment Y ☐ N ☐ Psychiatric Hospitalization Y ☐ N ☐ Out Patient Counseling Y ☐ N ☐ Residential Treatment
3	Are you currently (or within the past 1 year) taking medication(s) for any mental health issue? Yes ☐ No ☐
4	Have you experienced any of the following significant events within the past year? If yes, please explain Y ☐ N ☐ Serious illness _____ Y ☐ N ☐ Expulsion _____ Y ☐ N ☐ Serious accident/injury _____ Y ☐ N ☐ Incarceration _____ Y ☐ N ☐ Self harm _____ Y ☐ N ☐ Death of Family/Friend _____
5	Please arrange for a release of information with your therapist and/or prescribing physician so we may contact them for further information as part of this screening process. Have you done so? YES ☐ NO ☐
6	Please provide the name and telephone & fax #s of your therapist and/or physician: Therapist _____ Tel # _____ Fax # _____ Physician _____ Tel # _____ Fax # _____

H. Lifestyle

#	Issue	Yes	No	Further Information
1	Do you use alcohol?	☐	☐	How much? _____ How often? _____
2	Do you use tobacco?	☐	☐	How much? _____ How often? _____
3	Do you use recreational drugs?	☐	☐	Which one(s)? _____ How often? _____
4	Have you been on probation or had any involvement with the Justice System?	☐	☐	Date(s): _____ Reason: _____

I. Current Exercise Activity - It is important for us to be aware of your fitness level

Please list the activities you engage in daily or weekly that indicate your current fitness level. Be sure to include activities such as walking a pet, mowing a lawn, playing basketball, School PE, or skateboarding.

NONE ☐ No regular physical activity

Activity	Frequency	Approximate Time/Distance	Leisurely	Moderately	Intensely

Note: You will be expected to engage in rigorous physical activity during your Outward Bound experience. It is vital that you start (or continue) a conditioning regimen in preparation for the program!

J. Swimming Ability (Check One)

☐ Non-Swimmer ☐ Moderate Swimmer ☐ Current Lifesaving Certificate
☐ Weak Swimmer ☐ Strong Swimmer

PART III - PARENT/GUARDIAN QUESTIONNAIRE

MUST BE COMPLETED BY PARENT/GUARDIAN, NOT APPLICANT. YOU MAY INCLUDE A LETTER IF YOU HAVE ADDITIONAL INFORMATION YOU WOULD LIKE OUR INSTRUCTIONAL STAFF TO KNOW.

North Carolina Outward Bound seeks students who are motivated to learn outdoor leadership skills, build self-esteem, are in good emotional and physical health and are socially responsible. We are not an appropriate choice for individuals dealing with behavioral, motivational or rehabilitation issues. We reserve the right to deny admission to those who do not meet these standards.

1. With whom is the child currently living? Please indicate names and check appropriate box.

   Adults: _____

   ☐ Birth Parent(s) ☐ Step-Parent(s) ☐ Guardian(s) ☐ Adoptive Parent(s) ☐ Other: _____

   Brothers/Sisters: _____

2. Who has legal custody of the child?

   Name: _____

   Name: _____

3. What led to the decision for your child to participate on an Outward Bound course? What are you hoping he/she will gain?

4. Are consequences and rewards a part of his/her attendance? Yes ☐ No ☐
   If "Yes," what are the consequences/rewards and why are they being offered?

5. Does your child understand that Outward Bound is physically and emotionally challenging, involves living with a group of other participants, and is not a recreational summer camp?

   ☐ Yes ☐ No

   If "No," what steps are you taking to prepare your child for this challenge?

6. Describe the nature of your relationship with your child. What are the strengths/weaknesses in your relationship?

7. Describe your child's overall attitude and behavior.

8. What behaviors/attitudes/traits in your child do you think could be challenging to work with at Outward Bound? What insight could you pass along to our staff on working with your child?

9. Describe a trait of your child of which you are proud.

10. Briefly describe your child's interests, hobbies and use of free time.

11. Has your child responded well to other experiences such as scouts, camp, church retreats, etc.?

12. How might your child respond to physical stress and new social situations?

13. How are your child's communication skills with adults and peers?

14. What is your child's relationship with peers, and what is the typical role your child assumes within groups?

15. What is your child's current academic status? Is his/her behavior at school a problem?

16. Does your child have any special needs?

17. Is your child enrolled in a gifted program at school? Yes ☐ No ☐ If "Yes," what is the program?

18. Is your child enrolled in special education at school? Yes ☐ No ☐ If "Yes," please describe.

19. Does your child have a learning disability? Yes ☐ No ☐ If "Yes," please describe.

20. Is your child experimenting with or abusing drugs and/or alcohol? Yes ☐ No ☐ Suspect/Maybe ☐
If you checked "YES," or "SUSPECT/MAYBE," please provide details on a separate sheet of paper.

21. Has your child been suspended/expelled from school? Yes ☐ No ☐
If you checked "YES," please provide details on a separate sheet of paper.

22. Is your child currently in treatment? Yes ☐ No ☐
If you checked "YES," please provide details on a separate sheet of paper.

23. Has your child been involved with the Juvenile Justice System? Yes ☐ No ☐
If you checked "YES," please provide details on a separate sheet of paper.

24. We may need to contact you to follow up on any information in this booklet. Provide the information requested below for **preferred method of contact**.

☐ Phone number:_____ Best time to reach you : _____
(between 8:30 AM-5 PM)

☐ E-mail address:_____

☐ Text message cell number:_____ Cell provider:_____

25. NCOB may choose to notify your hometown newspaper of your child's participation by composing a brief article about Outward Bound which will include your child's name. **Permission: Yes** ☐ **No** ☐

If yes, _____, _____, _____
Hometown newspaper City State

Parent/Guardian Signature:_____

PART IV - APPLICANT QUESTIONNAIRE

TO BE COMPLETED BY APPLICANT, NOT PARENT/GUARDIAN

Your answers to these questions will help your instructors plan your course activities and will help them learn more about you. There are no right or wrong answers. Mark the answers you feel are right for you. Add comments if these words do not express your feelings.

Most rules are:

- ☐ Necessary
- ☐ Okay
- ☐ A hassle

Are you getting in shape?

- ☐ Yes
- ☐ No
- ☐ I plan to

Who made the decision for you to attend Outward Bound?

- ☐ Myself
- ☐ My parents/guardians
- ☐ Both

Right now my life is:

- ☐ Great
- ☐ Up and Down
- ☐ Not Good

Going without a shower for weeks will be:

- ☐ Okay
- ☐ Hard, but I'll do it!
- ☐ Impossible

Do you want to attend Outward Bound?

- ☐ Yes
- ☐ No
- ☐ Sort of

On Outward Bound, I will:

- ☐ Try hard and give 100%
- ☐ Work enough to finish
- ☐ Try a little

After finishing the course, I will feel:

- ☐ Successful
- ☐ Burned Out
- ☐ Nothing Special

What grade will you be going into this fall?

- ☐ 8th
- ☐ 9th
- ☐ 10th
- ☐ 11th
- ☐ 12th
- ☐ College

School_____

1. On this scale of 1-10, mark how you feel about attending an Outward Bound course.

1☐ 2☐ 3☐ 4☐ 5☐ 6☐ 7☐ 8☐ 9☐ 10☐

I really **DO NOT** want to attend! I am **NOT SURE** how I feel about attending! I really **DO** want to attend!

2. Why do you want to attend (or not want to attend) Outward Bound?

3. What are you looking forward to the most on your Outward Bound course?

- ☐ Getting outside
- ☐ Having a new experience
- ☐ Meeting new people
- ☐ Learning new skills
- ☐ Making new friends
- ☐ Other_____

Additional comments:

4. What will you miss the most while on course?

5. What concerns, if any, do you have about your course?

6. What is one of the hardest things you have ever done? How did you feel afterwards?

7. List 5 words you would use to describe yourself.

1. 4.

2. 5.

3.

8. What things about yourself are you most proud?

9. Who is someone you particularly respect or admire? Why?

10. How do you handle the following:

New situations? **Physical challenges?**

Stress or conflict? **Teachers or authority figures?**

11. When you get mad, how do you express your anger?

12. How do you get along with your parent(s)/guardian(s) and other family members?

13. What are you like with a group of friends?

14. How are you doing in school? What do you like or dislike about it? How do you get along with teachers?

15. Have you ever been in trouble at school or in trouble with the law? Yes ☐ No ☐ If "Yes", please explain.

Applicant Signature:_____

PART V - INSURANCE INFORMATION

If you/your child carry health insurance coverage, provide us either a digital or paper copy of both the front and back of your health insurance card. If you are working digitally, submit the copy with your other completed digital documents. If a paper copy is being submitted, return it with your printed and signed **Participant Acknowledgement and Assumption of Risks and Liability Release and Indemnity Agreement.**

IF YOU DO NOT CARRY A HEALTH INSURANCE POLICY CHECK HERE: ☐

The following information is needed for our insurance records. Each applicant is responsible for any and all medical expenses and should be covered by his/her own sickness and accident insurance.

Insurance Company Name:_____ Policy Number:_____

Claim Billing Address:_____ City/State/Zip:_____

Prescription Plan Name:_____ Policy Number:_____

Claim Billing Address:_____ City/State/Zip:_____