

# Youth Excursion Medical Clearance Form

## Participant Details

Full Name

Date of Birth

Gender

Parent/Guardian Contact

Home Address

## Medical History

Does the participant have any medical conditions?

List any allergies (food, drug, etc.)

Current medications

Recent illnesses, injuries, or hospitalizations

Other relevant medical information

## Physician's Clearance

Physician's Name

Medical Facility / Clinic

Based on my examination, the above-named participant is:

If limitations/restrictions, please specify:

Physician's Signature

Date