

ELDERHOSTEL HEALTH / EMERGENCY FORM

Please Return To:

Company of Adventurers
2843 Lionel Crescent S.W.
Calgary, Alberta
T3E 6B1

*Please read carefully and complete **both sides**. If you need additional space, please attach another page.*

Program Number & Date _____

Elderhostel Student Identification # _____

Name _____

Preferred Name _____

Home Address _____

Street and/or Box Number

City

State

Zip code

Home Tel. (____ ____) ____ ____ - ____ ____

Alternate Telephone or E-mail _____

Female Male Age _____

Non-Smoker Smoker

Traveling Companion Name _____

We recommend that all participants carefully consider the demands of this program as described in Elderhostel materials and consult with their physician about participating well before departure.

Special Needs: Elderhostel is committed to accommodating all individuals who want to participate in our programs. We cannot, however, assure your comfortable participation if you do not share with us your individual needs. If you have limited mobility or are otherwise physically challenged, you must describe your condition or circumstances to Elderhostel in advance, so that we can make adequate accommodation or arrangements for you. If you do not advise us in advance of your requirements and you arrive at a program in which the facilities or transportation vehicles are unable to accommodate you, we may have to send you home. So, please be honest in assessing your own abilities and in sharing that information with us in order that we may best serve you.

General Information: Most Elderhostel programs involve walking over variable surfaces and terrain, climbing steps and stairs, getting on and off transportation conveyances, and occasionally carrying your own baggage. Weather conditions are often unpredictable. The physical characteristics of buildings (classrooms, sleeping accommodations, bathroom facilities, dining halls, etc.) and walking distances differ from site to site. Meals commonly consist of local foods prepared according to local tastes. **Special dietary requests CANNOT be guaranteed.** Elderhostel urges participants who will be taking long flights to consult their physician for advice on how to avoid DVT (Deep Vein Thrombosis). DVT is a rare condition caused by the formation of a blood clot in one of the body's deep veins, usually in the legs, that can move throughout the body. Immobility during long flights is believed to increase the risk of developing DVT.

Emergencies: As noted in the *Welcome to United States & Canada Programs* pamphlet included with your enrollment notice, Emergency Evacuation Insurance is included in the cost of your Elderhostel program. It is essential that you advise our staff of any problem if/when it first arises. Should you become ill or be injured during the program, program staff will make every reasonable effort to find local medical help. Should you become seriously ill or be severely injured and unable to participate in the program, arrangements will be made to return you home as quickly and safely as circumstances allow. Please provide all information that would be important to know in an emergency or that could affect your participation in the program. A copy of this form will be given to the Group Leader. For the sake of your health and safety and that of your fellow Elderhostelers, accurate responses and complete disclosure are necessary.

Thank you!

The granting or denial of admission to a program is within the sole discretion of Elderhostel Inc. Elderhostel may revoke admission or terminate participation at any time if, in the opinion of Elderhostel, a participant's condition, behavior or actions are problematic, inappropriate or disruptive

PLEASE CONTINUE & COMPLETE THE FORM ON THE REVERSE
Elderhostel Program Health & Safety Form – Page Two of Two

Do you have any **RESTRICTIVE FOOD ALLERGY(s)**? No Yes If "Yes," please specify:
(If known) (Participants, *not* Elderhostel or Program Providers, are responsible for making sure they do not consume foods to which they are allergic)

Do you require vegetarian meals? Yes: ____ No: ____ (You will be served only vegetarian meals for the whole program.)

If YES, do you eat Chicken? ____ Fish? ____ Dairy? ____

Please note any additional food restrictions or allergies you may have: _____

Do you have **MEDICAL CONDITION(s)** such as allergies, injuries, depression, diabetes, emphysema, heart condition, seizures, recent surgery, or others that would be important to know about in case of an emergency? No Yes If "Yes," please specify:

Do you have any **IMPAIRMENT(s)** or **RESTRICTION(s)** such as impaired mobility, hearing, vision, etc., that may prevent you from participating fully in the entire program as described by the program description or require special arrangements, equipment, or assistance for you to participate in the program? No Yes If "Yes," please specify:

Do you use or transport any of the following items on a regular basis: Cane Walker Wheelchair Scooter Oxygen

If "Yes," please specify which one(s) and why, and if you will bring to the program:

Do you require prescription medication(s) on a regular basis? No Yes If "Yes," please list and indicate reason(s) for taking:

Do you have private medical/accident/illness insurance coverage (other than Medicare)? No Yes If "Yes," please specify:

Name(s) of Insurance Company(s) and Policy Number(s)

Person to notify in event of an emergency (*someone other than your traveling companion*):

Name _____ Relationship _____

Address _____

Home Tel. (__ __ __) - __ __ __ - __ __ __ __ Alternate Telephone or e-mail

Is there any additional information you would like us to know? _____

Signed _____ Date _____

For your well-being and that of your fellow Elderhostelers, an accurate and complete Health and Safety form is **REQUIRED** for your participation and **MUST** be completed, signed, and returned to The Company of Adventures, or brought with you to start of trip.