

2026 PIONEER TREK PHYSICIAN MEDICAL RELEASE FORM

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

Participant Name: _____

Date of Pioneer Trek Youth Conference: June 24-27, 2026

Dear Doctor: The above-named person will participate in a Pioneer Trek Youth Conference. Persons suffering from any of the conditions listed below must obtain a physician's clearance before participating in this program. The trek will be physically challenging including pulling a handcart 6 to 12 miles a day, spending 3 nights sleeping on the ground and camping in primitive circumstances. Participants will have ample food and water. 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):

If you currently suffer from, or have experienced any of the following conditions within the past year, please mark the appropriate space below:

<input type="checkbox"/> Arthritis	<input type="checkbox"/> High blood pressure
<input type="checkbox"/> Asthma (serious case)	<input type="checkbox"/> Any major operation or serious illness
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Heart problems
<input type="checkbox"/> Emotional problems requiring medication	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Fainting spells	<input type="checkbox"/> Hypoglycemia
<input type="checkbox"/> Ulcers medication	<input type="checkbox"/> Other medical conditions which might be
<input type="checkbox"/> Rheumatic fever	aggravated by hiking or participating in the
<input type="checkbox"/> Major bone or joint injuries	Pioneer Trek

Explain any of the above if checked: _____

Due to the strenuous physical nature of the Pioneer Trek Youth Conference, individuals suffering from aggravating medical conditions need a doctor's approval to participate in some of the trek activities. They will be hiking 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 program.

☐ **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: (please specify), _____

Date: _____ Signature: _____

Doctor's Name (print): _____ Phone: _____

Address: _____