

## Part 2 of Will's Hope Application

**Due 28 February 2024 but no later than the Orientation on 15 March 2024**

**The medical physical must be on this form.**

**Will's Hope Medical Information & Physical needed for 2024 Participants**

Note: If there are any questions related to the medical requirements, please contact Mark Squire 719-210-5625

Dear Participant and Families:

**As a reminder, we have changed the dates of the young adults' program** from August 2024 to 26 May to 3 June 2024 using the Gardiner cabin that is 10 miles north of Gardiner, MT.

There are several items/tasks that must be completed in order to complete the medical preparation for Will's Hope. **Pages 2 to 5** must be returned to Will's Hope.

These are:

1. **Medication List** with name, dosage, frequency & purpose – Please use table format similar to that on the next page (**page 2**). **It is very important that all medications – prescribed & over the counter are listed.** If there are changes to the list after submission to Will's Hope, please ensure we are kept informed. When medications are turned in, they must match the list.
2. A **Physical** performed by a licensed physician, nurse practitioner or physician assistant. **Please use page 3 - 5 of this document for the physical.** **Physicals must occur after 1 Jan 2024** and be specific to Will's Hope & the Greater Yellowstone Ecosystem Region environment which includes Yellowstone National Park.
3. Coordination with Will's Hope staff for **medications that will be taken to Yellowstone.** Will's Hope staff will take control of all medications (to include over the counter medications/supplements) used by participants during the Will's Hope program. If applicable, participants should take their morning medication prior to departure for their specific program. Will's Hope staff will be responsible for medication distribution in accordance with the medical professional's prescription.
4. **Limited Medical Power of Attorney** is only effective during the Program – see separate document. A Notary Public will be present to witness the signing of documents at the 15 March 2024 Family Orientation (tentative date). This is a precaution in the event an accident occurs in a remote area of the GYE Region and local first responders/medical facilities need immediate decisions. Local public safety communication networks (usually radios) are typically utilized by emergency medical personnel and law enforcement to initiate emergency response resources. However, response times can be longer. In addition, there is very limited to no cell phone coverage for major phone carriers during the day in many of the areas that we will be in. In some cases, distances to locations with cell coverage can exceed 40 miles or more. In the event of an accident Will's Hope staff will contact the family as soon as possible.
5. **Copy of medical insurance card(s) – both sides,** and if applicable, **related insurance authorization documents**

**Suspense Dates:**

1. **Everything except the transfer of Medications should be completed and returned no later than 15 March 2024.** Please return **pages 2 to 5.**
2. **Medications to be controlled by Will's Hope Staff should be turned over no later than the date for baggage collection which is 23 May 2024. A joint inventory will be performed and documented.** Medications must be in the original container with the prescription on the container.

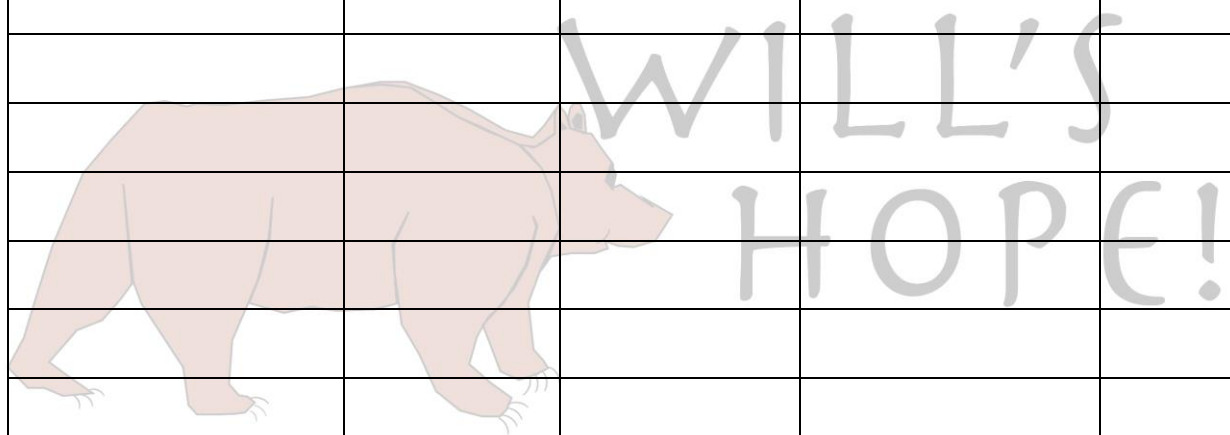
### Medication List

**Will's Hope Participant's Name** \_\_\_\_\_

**Please complete the table below and take it with you when your physical is performed.** The examining physician, nurse practitioner or physician assistant should review this list. If needed please bring a rescue inhaler (for asthma) and for severe allergies at least two doses of a prescription epinephrine injection device (Epi-pen) but confirm this with your medical provider. If applicable, include the inhaler and Epi-Pen on the list below. Medication Purpose = what is the reason for the medication.

**Participant's Name** \_\_\_\_\_ Please **print legibly**

Medication	Dosage	Frequency	Medication Purpose	Comments
<b>Example</b>				
Xyz	500 mg	2 x daily		



**Information to be filled in by the parent/host home provider or participant (# 1 & #2 below) & top of each page:**

Will's Hope Participant Name: \_\_\_\_\_

**Medical - Physical for individuals participating in Will's Hope 2023 – Due no later than 15 March 2024**

**To the examining Health Care Professional (Licensed physicians, nurse practitioners and physician assistants):** Please verify the individual listed below is physically able to participate in Will's Hope.

**Description of Program:** Will's Hope is a **9-day outdoor educational program for young adults with disabilities**. The location of the program is in the **Greater Yellowstone Ecosystem (GYE)**. In the **May & June** timeframes temperatures can range from below freezing to 90 degrees F. **July & August** can still see temperature and weather extremes. The Program occurs at **5,000 feet to 10,000 feet in elevation**. **Regular program participants** should be able to comfortably hike **3 miles with elevation gains of 600 feet** on a daily basis. **Advanced Program participants** should be able to hike **5 miles with an elevation gain of 1,000 feet**. Lodging for participants is in developed facilities with all utilities and customary items. The overall environment is semi-arid. Hiking & training in the Colorado Springs area will occur prior to the program. During the Greater Yellowstone Ecosystem (GYE) trip. The Young Adult Women's Program is:

📅 **26 May to 3 June 2024** (Regular/Advanced Women's Program)

All participants must hydrate starting at least 7 days prior to the start of Will's Hope to minimize the chances of dehydration during the Program. Participants are encouraged to start an active hiking program and increasing hydration no later than early March 2024.

Pandemic related precautions – all participants and families are advised to take appropriate precautions prior to program activities in order to minimize the chances that participants may be sick & affect other members of the group. We encourage everyone to be vaccinated. If necessary, Will's Hope will utilize masks and enforce social distancing. We intend to avoid public areas where the participants may inadvertently come in contact with non-Will's Hope personnel. As required, vans, lodging, equipment, contact, touch surfaces, etc. will be disinfected. Will's Hope will follow the guidance of the CDC, public health agencies and the National Park Service (NPS).

Please fill in the blanks so **answers are legible.**

1. **Participant's full Name:** (Please print legibly) \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: \_\_\_\_\_

2. **Medical emergencies** while participating in Will's Hope. In case of a medical emergency, while participating in Will's Hope (in the event the family/local healthcare professional/practice needs to be consulted with), please provide the contact information for the appropriate medical provider in the Colorado Springs area or your home location for discussions with the medical staff in the Greater Yellowstone Ecosystem (GYE) Region (Note: **This may be someone (or a medical practice/hospital) other than the examining Health Care Professional.** This should be a 24/7 telephone number.

**Emergency Medical Practitioner Name** (Please Print Legibly): \_\_\_\_\_

**24/7 Telephone Number:** \_\_\_\_\_

**Participant's Name** \_\_\_\_\_

**Information to be filled in by the Health Care Professional that performs the physical exam (#3 through #5 below):**

**3. Basic Information**

Date of exam: \_\_\_\_\_

Height (inches): \_\_\_\_\_ Weight (pounds): \_\_\_\_\_

Blood Pressure \_\_\_\_\_ / \_\_\_\_\_ Pulse: \_\_\_\_\_

**4. Physical Exam**

**Please √ the appropriate column (Normal, Abnormal or Not Applicable (N/A)) & provide any relevant comments.**

	Normal	Abnormal	N/A	Comments
Eyes				
Ears				
Nose				
Throat				
Lungs				
Heart				
Abdomen				
Genitalia/Hernia				
Skin				
Knees				
Ankles				
Spine				
Other musculoskeletal				
Neurological				
Other				

What are participant allergies, if any \_\_\_\_\_  
 (Please consider all possible allergies – food, medications, bee stings, etc.)

**Please √ the appropriate column (Yes, No or Not Applicable (N/A)) and provide any relevant comments.**

	Yes	No	N/A	Comments
If the individual has serious allergies is an epinephrine injection device (Epi-pen) required?				
If the individual has diabetes, is it managed adequately and under control?				
If individual has diabetes is the participant able to manage its treatment without assistance?				
If participant has had asthma are there any actions required during Will's Hope?				
If the participant has asthma is a rescue inhaler necessary and does the participant have the correct type?				
Seizure concerns?				
Hydration concerns?				
Eating disorder (e.g., purging after meals) concerns?				
Are immunizations to include tetanus current?				
List of medications reviewed?				
Family medical history is unremarkable?				
Individual medical history is unremarkable?				
Other				
Other				

**Participant's Name** \_\_\_\_\_

**5. Health Care Professional's Assessment:**

a. Are there areas of concern that are not listed above that Will's Hope staff should be aware of?  **Yes**  **No**

If yes, please explain \_\_\_\_\_

b. Please provide any other comments or observations \_\_\_\_\_

\_\_\_\_\_

c. **Participant is cleared for participation in Will's Hope**  **Yes**  **No**

If no, what conditions must be met to allow participation? \_\_\_\_\_

If participant is able to meet the conditions is a re-exam by medical personnel required?  **Yes**  **No**  **N/A**

Please explain if necessary \_\_\_\_\_

**To be signed by the Health Care Professional Who Performs the Exam – Please be legible**

**Printed Name:** \_\_\_\_\_ **Title:** (Dr. NP, PA) \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State & Zip Code:** \_\_\_\_\_

**Office Phone:** \_\_\_\_\_

**Examining Health Care Professional Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Thank you very much for helping Will's Hope and the Participant!**