OUTWARD BOUND costa rica

MEDICATION QUESTIONNAIRE

DEAR HEALTH CARE PROFESSIONAL

Outward Bound Costa Rica inspires and develops leadership, compassion, responsibility, respect for the environment and commitment to serve through adventure-based wilderness experiences led by a skilled, safety-conscious staff.

Our classroom is a wilderness setting and may include a variety of activities such as hiking, river rafting, kayaking, scuba diving, surfing, family homestays, volunteering in remote communities, and a solo experience. Courses usually involve co-ed, multi-aged groups of 6-12 individuals from various backgrounds. Skills are taught from a beginner level, and expeditions are conducted in all weather conditions in varying environments. Solo is a 3 to 72 hour experience that offers time for introspection, quiet, rest, and journal writing. Students are given specific boundaries, a shelter, sleeping bag, water supply, and food. They are checked by instructors and have a means of communicating distress if the need arises.

While our staff members are well-qualified wilderness instructors, they are NOT psychotherapists. Additionally, our courses are not designed to address the behaviors and symptoms that their medications are designed to treat, such as depression, anxiety, ADHD, etc. We need to determine that your clients present level of functioning, (while on medication) will not deteriorate significantly when they are exposed to the various stresses of the course.

Note: Outward Bound Costa Rica generally requires a minimum 4 week adjustment period for starting/stopping treatment with psychotropic medications, followed by an evaluation by the prescribing physician prior to participating. Outward Bound Costa Rica requires medication to be brought in separate, non-breakable, waterproof containers along with dosage instructions. Exceptions: Lithium and neuroleptic medications require a 3 month adjustment period. Stimulants do not require a time frame.

We require that students bring medication in its original prescription bottles with the physician's dosage directions. Whenever possible, bring a double supply.

____
Student Name Printed

____
Course Name & Session Dates

This student has indicated you are the prescribing health care provider for the medication that is part of their treatment plan. We request your input to determine if an Outward Bound Costa Rica experience is appropriate for your patient at this time.

____
Name of Physician [print]

____
Phone of Physician

____
Signature of Physician

____
Date

____
Emergency Phone Number

____
Years Known

Your assistance in helping us determine if this applicant is likely to have successful and production OBCR experience is invaluable. The final acceptance of this applicant to the program is made by OBCR and is contingent upon receiving this information.

U.S. Toll-free: 1.800.676. 2018 | Local: +506 2278.6062 | Fax: 1.866.374.2483
enrollment@OutwardBoundCR.org | www.OutwardBoundCostaRica.org

OUTWARD BOUND costa rica

MEDICATION QUESTIONNAIRE

STUDENT MEDICATION INFORMATION

Name of Medication	Dosage	Dosage Taken Since	Medication Taken Since

1. Have you read page 1 describing Outward Bound Costa Rica's programs? Yes ☐ No ☐
2. What symptom(s)/behavior(s) are being addressed by the medication?
3. Could abrupt changes in activity level, exposure to sun, sleep patterns, fluid intake, diet, altitudes or extreme cold or heat decrease the effectiveness of the medication(s) your client is taking? Yes ☐ No ☐ If yes, please explain.
4. Is your client currently stable on their medications? Yes ☐ No ☐ If no, please explain.
5. Do you recommend that your client attends Outward Bound Costa Rica at this time? Yes ☐ No ☐ If no, please explain.
6. Do you have any reason to believe the medications will stop treating these conditions effectively under the conditions listed on page 1? Yes ☐ No ☐ If no, please explain.
7. How has the medication improved your client's condition?
8. Does your client experience any side effects including dizziness, dehydration, sun sensitivity or stomach sensitivity? Yes ☐ No ☐ If yes, please explain.
9. What do you recommend if a medication becomes lost/damaged and cannot be replaces in less than 72 hours?
10. What if your client misses a dose?
11. What symptoms would your client experience if their medication routine was disrupted by loss on course?

PHYSICIAN'S SIGNATURE

Name of Physician Printed

Signature of Physician

Date