HEALTH DISCLOSURE FORM

Participant Name: _____ Name of Outing: _____
Home Address: _____ Date: _____
Cell Phone: _____ Other Phone: _____

We require full disclosure of your health. The information you provide may assist us in the event of an accident. Therefore, please read it carefully; full and accurate completion of all sections is very important. This information otherwise shall be kept confidentially between the trip leader(s), the Assistant Director and health care professionals. *We do not use this information in evaluating your ability to participate in any activities*. Only qualified health professionals can make that decision. If you are at all concerned about your ability to participate in any aspect of the activity, please seek the advice of a health care professional. By completing this form you are acknowledging your awareness of the above information.

EMERGENCY CONTACT, HEALTH PROVIDER, AND INSURANCE INFORMATION:

Name: _____ Relationship: _____
Address: _____
Cell Phone: _____ Home Phone: _____
Doctor's Name: _____ Doctor's Phone: _____
Doctor's Address: _____
Insurance Company: _____Policy Number:_____ Type: _____

PLEASE LIST ALL INFORMATION REGARDING THE FOLLOWING:

Gender: _____ Age: _____ Height: ___'____" Weight: _____(lbs.)

Are you under treatment for any illness or condition? _____ If yes, please name and describe: _____
_____

Are you currently taking any medication(s)? _____ If yes, please name: _____
_____

Do you have any allergies (food or otherwise)? _____ Are you allergic to bee stings or insect bites? _____ If yes, please explain:
_____

Do you have any past relevant injuries that may affect your participation? _____ If yes, please name and describe:
_____

Do you have a history of heart problems? _____ If yes, please explain: _____

Have you ever undergone surgery? _____ If yes, for what? _____
_____
Dietary restrictions (vegetarian, lactose intolerance etc.) _____

PLEASE WRITE BELOW ANYTHING YOU FEEL WE SHOULD BE AWARE OF CONCERNING YOUR HEALTH. THANK YOU!

_____
_____
_____
_____

OUTDOOR PROGRAM