

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!**

_____ _____ _____ _____

