

MEDICAL INFORMATION FORM

Outdoor Adventure trips take place in remote locations. You will be dependent on the instructors and your group in case of an emergency. Please provide the following information for your safety. It is important that you be honest and thorough. It will only be used in the event of your injury or illness.

Full name: _____ Nickname: _____
 Campus address: _____
 Campus phone: _____ Email: _____
 Medical insurance provider and phone number: _____
 Policy Number: _____ Date effective: _____ Expiration Date: _____

Emergency contact name: _____
Relationship to you: _____

Please assess your current activity level:

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Briefly summarize your previous outdoor experience:

Do you have any allergies? Write "no allergies" if none.

Allergen:	Please detail reaction to allergen:

Do you have any dietary restrictions? Please explain:

What medications are you currently taking? Write "no medications" if none.

Name of medication	What is it for?	Dosage	How often?

Please note that you are responsible for bringing any prescription medication you may need with you on each trip.

Please list any breaks, sprains, strains, and other injuries you have sustained. Write "no injuries" if none.

Do you have any other medical conditions that might affect your ability to engage in strenuous physical activity or to hike with a full backpack for extended periods of time? Please explain:
