

Mandatory Health and Medical Form

Trip Dates: _____

Please print and bring this completed form to the nurse at registration. One form per participant.

Participant Name: _____

Last

First

Birthdate: _____ Gender: F M Home Phone: _____

Home Address: _____

Family Physician: _____ Office phone: _____

Insurance Company: _____

Policy # / ID#: _____

Print policyholder 's name: _____

In case of emergency, please notify:

Name: _____ Relationship: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Home Address: _____

Health History

In order to facilitate medical care in the event of an emergency, please complete the following:

Circle any allergies participant may have: Insect stings/bites Foods Medicines Other

Allergy Details: _____

Please list any health concerns of the participant or write none: _____

Does participant have a current tetanus shot? Yes No Date of Shot: _____

I am taking the following medications:

Drug Name? Strength? Dosage? How often/when? What is it for?

I, _____, as the legal guardian/custodian of _____, give permission, hold harmless, and authorize the volunteer medical team of this event to administer medicines and to provide medical care to me/or to my named minor. I authorize emergency diagnostic/treatment procedures for me/my minor by the EMT and hospital(s) for me/my minor. I understand that any medical expenses will be billed directly to my insurance or to me and I assume financial responsibility for all expenses.

Adult Participant/Parent/Legal Guardian Signature: _____

Adult Printed Name: _____ Date: _____

Minor Printed Name: _____ Date: _____