

**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: \_\_\_\_\_