

SPC Outdoor Recreation Health Information Form

Please fill out every item below as accurately and truthfully as possible. Provide details for any significant conditions, injuries and/or illnesses that may affect your ability to participate in outdoor activities. This form is the property of SPC Outdoor Recreation and will remain confidential to the fullest extent permitted by law. Only the instructors and medical personnel will have access to this information.

Name: _____
Last MI First

Address: _____

Email: _____

In case of emergency, please contact:

Name: _____

Address: _____

Home Phone () _____

Sex: Male or Female

Age: _____

Date of Birth: _____ / _____ / _____

Height: _____

Weight: _____

Relationship: _____

Home Phone: () _____

Work Phone: () _____

Please Note: SPC Outdoor Recreation requires all participants to have medical insurance. All students must have their insurance information on file in the clinic.

Medical insurance company: _____

Policy Number: _____

Health Questionnaire

- | | <u>Circle One</u> |
|---|----------------------------|
| 1. Are you currently under any treatment for any illness or condition?
Describe: _____ | Yes No |
| 2. Do you have a condition requiring regular medication?
Describe: _____ | Yes No |
| 3. Are you currently taking medication(s)? You are expected to have them with you during the program. (explain what each is for) List: _____
_____ | Yes No |
| 4. Has a medical physician told you to limit your activity?
in any way? Describe: _____ | Yes No |
| 5. Have you been diagnosed with asthma?
Do you carry an inhaler or other breathing device? | Yes No
Yes No |
| 6. Do you have a known allergy to any food products, medications, or insect stings?
Have you ever had an allergic anaphalatic reaction? | Yes No
Yes No |
| Do you carry Epinephrine? Yes* No What type? Epi Pen* Ana Kit* _____ | |

*You are expected to have your epinephrine with you during the program.

7. Do you have disabilities that could impact your participation in the program? Yes No

8. Have you ever had any injuries including back, spine, head, broken bones, sprains, Yes No

dislocations, soft tissue injuries? List year and injury. _____

9. Do you have a known heart condition and/or high blood pressure? Yes No

Are you taking medication for this? List: _____

10. Have you ever undergone surgery? Yes No

List and Describe _____

11. Describe your swimming ability: _____

12. Date of last Tetanus shot: _____

Authorization for Emergency Medical Care

Should an accident or emergency occur, I hereby give permission to the physician selected by the SPC Outdoor Recreation staff to hospitalize and/ or secure proper medical treatment for me, except as noted below. I agree to assume personal responsibility for these noted exceptions.

EXCEPTION FOR TREATMENT / HOSPITALIZATION

Medical Release

I authorize the information provided above is a **complete and accurate** statement of the physical and psychological factors which may affect my participation on a SPC Outdoor Recreation program. Furthermore, I believe that I am in good health. If in doubt, I will seek and follow medical advice.

Signature Date

Name (please print)

Signature of Parent or Guardian (if under 18) Date