

CONFIDENTIAL MEDICAL INFORMATION FORM

(This information is necessary for Program Staff only so they can best manage the safety well-being of all individuals in the group)

I. GENERAL INFORMATION (Please Print)

NAME: _____ DATE: _____
ADDRESS: _____ PHONE: _____
MALE: ___ FEMALE: ___ DATE OF BIRTH: _____

NAME OF GROUP (School, Business, Camp, etc.): _____

HEALTH CARE PROVIDER: _____ PHONE: _____
ADDRESS: _____

PERSON TO NOTIFY IN CASE OF ILLNESS OR INJURY

NAME: _____ RELATIONSHIP: _____
ADDRESS: _____ PHONE: H _____ W _____

II. MEDICAL INFORMATION

1. HEIGHT: _____ WEIGHT: _____ SMOKER: Yes No
Date of last Tetanus Booster: _____
2. ALLERGIES (List any medications, foods, insects, poison ivy, etc.) NONE: _____
ALLERGEN: _____ SEVERITY OF REACTION: _____

3. a) Do you carry any medication to treat your allergy? Yes No
If yes, please explain medication _____

b) YOU **MUST** BRING YOUR ALLERGY MEDICATION WITH YOU ON PROGRAM DAY IN CASE YOU EXPERIENCE A SEVERE ALLERGIC REACTION.

4. List any medication you're currently taking (Include how often you take it)
MEDICATION TAKEN MEDICAL REASON

III. MEDICAL HISTORY

1. Name any illness or condition for which you are currently undergoing treatment.

2. List hospitalizations and/or emergency room visits with dates in past two years.

SIDE TWO MUST BE COMPLETED AND SIGNED

3. Have you ever experienced fainting, dizziness, or chest pain during or after exercise or have you ever been restricted from participating in physical activity?

Yes No If yes, please explain _____

4. Please explain any current or past medical issues, that were not mentioned above, that our staff should know about.

IV. SIGNATURE

IF PARTICIPANT IS UNDER 18 YEARS OF AGE, PARENT OR GUARDIAN MUST SIGN:

I fully understand the rigorous nature of the challenge course. In the event of an accident or emergency, I grant my permission for any necessary emergency medical interventions. I also understand the University of Southern Maine **DOES NOT** provide medical insurance for participants. Therefore, it is the responsibility of each participant to be covered by his/her own policy. Thank you for completing this form as accurately and completely as possible.

Signature of Participant

Date

Signature of Parent/Guardian (if under 18 years of age)

Date