

BAYLOR OUTDOOR ADVENTURE HEALTH/MEDICAL HISTORY AND RELEASE

Please write legibly in pen.

Please contact us for questions or concerns about any of the following questions.

Our goal is to provide you with the best experience possible, making accommodations where needed.

Please answer the following questions honestly and accurately. This information will be kept confidential.

Please notify us of any changes that happen between completing this form and the start of your program.



PARTICIPANT INFORMATION

Name _____ BU ID# _____
Last First

Campus Address _____ Cell # _____

Home Address _____
Street City State Zip

Height _____ Weight _____ Sex ____ Age ____ BU Email _____@baylor.edu

EMERGENCY CONTACT INFORMATION

1. Name _____ Relationship _____
 Cell # _____ Home # _____ Work # _____

2. Name _____ Relationship _____
 Cell # _____ Home # _____ Work # _____

PHYSICIAN INFORMATION

Physician's Name _____ Phone _____

INSURANCE

Company _____ Phone _____

Policy # _____ Group # _____

MEDICAL HISTORY

Please check and explain any **past** or **present** medical conditions.

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Fainting or Dizziness |
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Heat Stroke/Exhaustion | <input type="checkbox"/> High Altitude Illness | <input type="checkbox"/> Kidney Disease |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Cancer/Leukemia | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Convulsions/Seizures |

Any medical conditions or explanations which may affect or limit your full participation in this program. _____

Muscle/Skeletal Injuries

Do you currently or have ever had knee, hip, ankle, shoulder, arm, back or other injuries to muscles, tendons, ligaments or bones, and or any operations? If so, please explain: _____

IMMUNIZATIONS

Tetanus _____ If unknown, was your last Tetanus in the last 5 years? ____ Yes ____ no

International trips only

Measles _____ Diphtheria _____ Mumps _____ Pertussis _____ Rubella _____

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MEDICATIONS

Are you currently taking **any** medication? Yes No

If Yes, list all medications (*prescription & over the counter, inhalers, herbal, etc*)

Medication & Dosage	Reason for Treatment	Current Side Effects

Note: Please be sure to bring enough medication for the length of your trip, including Epi-Pens, inhalers, etc.

ALLERGIES

Do you have any allergies? Yes No

If Yes, list any allergies and your reaction (*medications, food, insects, seasonal*)

Allergy	Reaction	Medication Required

DIETARY RESTRICTIONS

Please check any dietary restrictions, needs and requests. **If you don't list it, we cannot accommodate it.**

Vegetarian Vegan Gluten Free (Celiac) Dairy Soy Kosher Other

Describe your dietary restrictions, including foods avoided and other pertinent information: _____

Note: If alternatives are hard to determine, you may be asked to provide required foods.

FITNESS

Are you physically active or exercise regularly? Yes No

Activity	Frequency	Duration/Distance

Swimming Ability: Non-swimmer Recreational Competitive

I hereby state, to the best of my knowledge, my answers to the questions on this form are complete and correct.

I, or MY CHILD plan to attend an Outdoor Adventure Program, hereinafter referred to as "PROGRAM." I fully realize that injury, illness, or even death could result from or during my participation in the PROGRAM. In case of accident or illness, I give my permission to receive medical treatment as deemed appropriate. I will assume responsibility for any and all medical bills.

Participant's Signature _____ **Date** _____

Printed Name _____

IF YOU ARE UNDER THE AGE OF 18, A PARENT OR LEGAL GUARDIAN SIGNATURE IS REQUIRED

Parent/Legal Guardian's Signature _____