

Health Information

Name: Ht: Wt:
Outing: Year: Term:

**Health and Accident insurance is your responsibility.
We recommend that you obtain ASUO or other appropriate insurance.**

CONTACT INFORMATION

Yourself:
(address) (city) (state) (phone)

Parents/
Relatives (address) (city) (state) (phone)

Local Contact:
(name) (local address) (phone)

Physician:
(name) (local address) (phone)

GENERAL INFORMATION

Have you taken classes in this activity before, or do you have prior experience in this activity? Describe briefly.

.....
.....

Describe any health condition, illness, or injury, current or past, that might affect your ability to participate fully and safely in this course, including but not limited to back or knee problems, cardiac problems including high blood pressure, asthma or other respiratory ailments, diabetes, anaphylaxis or other allergies, seizure disorder, migraines, sensitivity to cold, or psychological conditions such as fear of heights.

.....
.....
.....
.....

List any drugs or medications that you are currently taking AND specify what they are prescribed for:

.....
.....

By my signature below, I warrant that there are no past or current health conditions, illnesses or injuries that I am aware of (other than those listed above), that might affect my ability to safely participate in the outing.

Signed: **Date:**