Paul Smith's College
Challenge Course
Medical Information Form

In the interest of the personal safety of the staff as well as your own and your fellow participants, please **legibly** complete this medical form to the best of your knowledge:

Name: _____ Male ☐ Female ☐

Date of Birth: _____ Age: _____

Home Address: _____ Home Phone: (_____)_____

Local Address: _____ Local Phone: (_____)_____

EMERGENCY CONTACT #1:

Name(s): _____ Relationship: _____

Address: _____

Phone#1 (Day/Night): (_____)_____ Phone #2 (Day/Night): _____

Phone#3 (Day/Night): (_____)_____ Phone #4 (Day/Night): _____

EMERGENCY CONTACT #2:

Name(s): _____ Relationship: _____

Address: _____

Phone#1 (Day/Night): (_____)_____ Phone #2 (Day/Night): _____

Phone#3 (Day/Night): (_____)_____ Phone #4 (Day/Night): _____

Primary Care Physician: _____ **Phone:** (_____)_____

Medical Insurance Company Name: _____

Medical Insurance Company Address: _____

Medical Insurance Company Phone: _____

Medical Insurance Policy Number: _____

MEDICAL INFORMATION and HISTORY

Please be candid; check any and all that apply and explain:

☐ Cardiac problems _____

☐ Asthma _____

☐ Seizures _____

☐ High Blood Pressure _____

☐ Kidney problems _____

☐ Back problems _____

☐ Diabetes _____

☐ Other (please explain _____

Medications

Please list and identify the condition they are for:

_____

_____

_____

Allergies

Please check any and all that apply and explain

- ☐ None
- ☐ Bees/Stinging insects: _____
- ☐ Food: _____
- ☐ Medications: _____
- ☐ Other: _____

Bone, muscle and/or joint injuries

Please describe and comment on current status:

☐ _____

☐ _____

☐ _____

☐ _____

Other

Please comment on any and all other injuries, surgeries, and or conditions:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

IMPORTANT: The information provided above is a complete and accurate statement of any physical conditions that may affect my participation with this program. I realize failure to disclose such information could result in serious harm to me and my fellow participants.

Signature of Participant: _____ Date: _____