

USU Outdoor Recreation Program

Participant Medical Information Form

Information of this form is confidential and only for use by ORP trip leaders and staff for official trips, outings and activities.

Trip / Activity Name:

Start Date:

End Date:

Name:

A#:

Current Street Address:

University Affiliation:

City:

State:

Cell Phone:

Work Phone:

Home Phone:

This information is very important and useful in the event of an emergency.

Responses are required, please write "None" if it does not apply to you.

Date of Birth:

Health Insurance Carrier

Policy Number:

ALLERGIES:

How are your allergies managed?

Heart Disease:

High Blood Pressure:

Epilepsy:

Diabetes:

Yes

Yes

Yes

Yes

No

No

No

No

Recent Injury or Illness:

If Yes, please describe and explain how it is managed:

Yes

No

Medications you are currently taking and what they are for:

Do you wear glasses:

Yes

No

Do you wear contact lenses:

Yes

No

Please list any medical conditions that could limit/be affected by physical activity such as, but not limited to asthma, hay fever, back injuries etc:

IN CASE OF AN EMERGENCY NOTIFY:

Name:

Relationship:

Address:

Cell Phone:

City:

State:

Zip:

Home Phone:

Permission to release HIPAA protected medical information to your emergency contact?

Yes

No

I verify that the above information is complete and correct.

Full Name:

Date:

E-mail