



MEDICAL INFORMATION FORM

Outdoor Adventures ♦ University of New Hampshire Department of Campus Recreation
128 Main St. Durham, NH 03824 ♦ 603-862-1577 ♦ campusrec.unh.edu/outdoor

This medical form provides us with information required for course management and emergency situations. By requesting this medical history, we do not imply that we have the expertise to assess your physical condition, or your ability to participate safely in this program. **If you have any doubts about your ability to participate in this program, please consult with your physician.** Please complete fully so that instructors can adjust program activities as needed to meet your needs and manage your participation and the participation of others. This information is confidential and will be shared only as needed with trip leaders, instructors and medical care providers.

Participant Information (required)

Name: _____ Phone #: _____
Address: _____ Date of Birth: _____

Emergency Contact Information (required)

Name: _____ Phone #: _____
Address: _____ Relationship to participant: _____

Medical Insurance Coverage (required)

Provider: _____ Policy #: _____

Personal Physician

Name: _____ Phone #: _____
Address: _____

Allergies: Do you have any allergies (e.g., bees, drugs, foods, etc.)? Describe the nature of your allergic reactions.

Chronic Illnesses: List any (e.g. diabetes, asthma, etc.) and suggest any helpful activity modifications.

Physical Condition/Ability: List any physical or ability considerations and suggestion any helpful activity modifications.

Medications: Are you taking any medications? If so, what are they? What are they for?

Injuries: List any injuries (e.g., dislocations, sprains, etc.), indicate severity, and identify when they occurred. Have you fully recovered from this injury?

Physician: Are you currently being treated by a physician (or have been in the past year)? Have you been hospitalized within the past year? If so, please explain.

Concerns: Do you have any special needs or concerns about your access to or participation in this program that you would like the Outdoor Adventures staff to be aware of?

I have reviewed this entire form and have verified that that all information is given fully and truthfully. To the best of my knowledge, I am physically fit and able to safely participate in this program. I hereby consent for myself or the child/minor of whom I am guardian to receive medical treatment, if an illness/injury is incurred while participating in the aforementioned activities.

_____ Participant's Signature	_____ Participant's Name (printed clearly)	_____ Date
_____ Parent/Legal Guardian's Signature (if participant is under 18 years old)	_____ Parent/Legal Guardian Name (printed clearly)	_____ Date