UC RIVERSIDE UNIVERSITY OF CALIFORNIA | Outdoor Excursions

Challenge Course – Participant Information

Participant Name: _____ Date: _____
Address: _____ City: _____
Home Phone: _____ Work Phone: _____
E-mail: _____ Date of Birth: _____

CONFIDENTIAL HEALTH INFORMATION

All items must be completed. If not, the person above will not be permitted to participate.

List allergies, if any: (i.e. bug bites, drugs, food, etc. Note: counteractive medications should be carried at all times.)
Circle one: NONE YES _____
_____

Medication(s):
Circle one: NONE YES _____
_____

List any serious illness or injury experienced within the past 3 years:
Circle one: NONE YES _____
_____

List any current medical conditions: (i.e. Asthma, Diabetes, Epilepsy, heart conditions, etc.)
Circle one: NONE YES _____
_____

List all conditions that may affect ability to participate: (i.e. history of cardiac conditions in the family, etc.)
Circle one: NONE YES _____
_____

Do you have any conditions or limitations for which you are currently under doctor's care?
Circle one: NONE YES _____
_____

EMERGENCY CONTACT

1. Name: _____ Relationship: _____
   Home Phone: _____ Work Phone: _____
2. Name: _____ Relationship: _____
   Home Phone: _____ Work Phone: _____

Do you carry medical insurance? Yes ___ No ___ Group Number: _____
Provider: _____