MEDICAL INFORMATION FORM

Outdoor Adventure trips take place in remote locations. You will be dependent on the instructors and your group in case of an emergency. Please provide the following information for your safety. It is important that you be honest and thorough. It will only be used in the event of your injury or illness.

Full name:	Nickname:	
Campus address:		
Campus phone:	Email:	
Medical insurance provider and phone number: Policy Number:		
Policy Number:	_ Date effective:	Expiration Date:
Please assess your current activity level:		
Briefly summarize your previous outdoor experience:		
Do you have any allergies? Write "no allergies" if none.		
Allergen:	Please detail reaction	to allergen: