

## **Medical Information Form**

Name:

Trip Name and Dates:

Emergency Contact (Name, Relationship, Phone #, Email):

### **Medical Information**

Do you have any medical conditions or limitations that we need to be aware of? If so, please explain.

Are you taking any prescription medication? If yes, please list and explain

Do you have any allergies to food or medication? If yes, please list and explain

Have you had any accidents or surgeries, or have any injuries that will affect your participation in the trip? If so, please explain

Do you have any dietary restrictions? If so, please explain

Briefly describe your current fitness level  
(I.e.: fair, average, good, very good, excellent; what sports do you practice and how often, etc. )

By signing this form I certify this information is truthful and accurate.

Signed

Date