

UNGER MOUNTAIN at MSD

PARTICIPATION HEALTH HISTORY

NAME _____

DATE _____

ADDRESS _____

INSURANCE COMPANY _____

PLEASE READ: This form is intended to remind leaders and participants of the seriousness of attempting participation on challenge course elements, climbing structures and or participation in any adventure-based activity or game with an old, preexisting injury, a heart condition or other known medical condition which might be aggravated by the event or cause harm to others.

QUESTION

RESPONSE

1. Any pre-existing injuries (ankle, knee, back, neck, etc.)
that might be aggravated by participating?

YES NO

2. Taking any current medications?

YES NO

3. Any heart problems or heart medications?

YES NO

4. Do you have high blood pressure?

YES NO

5. Do you have allergies (food, bees, insects, medications, etc.)

YES NO

6. Do you have any physical limitations?

YES NO

7. Current level of activity in daily life

LOW MEDIUM HIGH

If you answered YES to any question above, please discuss that item with your group leader.

Please include any additional information that you feel is relevant: _____

SIGNED _____

IF A MINOR - Parent or Legal Guardian's Signature _____

In case of emergency who do we contact: _____ Relationship _____

Contact Number _____