BOND PARK CHALLENGE COURSE
MEDICAL INFORMATION FORM

In order for us to provide you with the most appropriate Challenge Course experience we need the following information. All questions must be answered. Please respond "n/a", or "not applicable" to any questions that do not apply. All information will be kept confidential.

Name: _____ (please print) Age: _____

Address: _____
Street Address Apt #. City State Zip

Home phone number: _____ Work phone number: _____
(circle one) Male Female Approximate Height: _____ Approximate Weight: _____
Physician's name and phone number: _____
Name of Health Insurance Company: _____
Policy or certificate number: _____
(if it is your social security please just write SSN, do not write your number.)
Emergency notification: Name: _____
Relationship to you: _____
Phone: (work) _____ (home) _____ (pager) _____

Do any of the following apply to you? Please circle yes or no.
Currently taking any medication? Yes No
If so, please list. _____
Medicine allergies? Yes No
To what medicines are you allergic? _____
Allergic to bee stings? Yes No
Describe your reaction. _____
Do you use a bee sting kit? Yes No If so, be sure to bring it with you.
Asthma? Yes No
What triggers your attacks? _____
Use an inhaler? Yes No If so, be sure to bring it with you.
Do you smoke? Yes No
Chest pain? Yes No
High blood pressure? Yes No
Heart disease in family? Yes No
Do you exercise Regularly? Infrequently? Never? (Please circle one.)
Diabetes? Yes No
Muscle or joint injuries? Yes No
If yes, please explain _____

Do you have any physical or emotional condition which might be adversely affected by participation in the Challenge Course activities as outlined in the Acknowledgement of Risk form? Yes No
If so, please explain _____

I fully understand the rigorous nature of the Challenge Course activities. In the event an injury renders me unable to communicate, I grant my permission of any medical care, operations and/or anesthesia which might become necessary.

Participant's signature: _____ Date: _____

Parent or Guardian's signature: _____ Date: _____
(If participant is under 18 parent or guardian must sign.)