



Western Carolina University Base Camp Cullowhee Health and Medical Form

Today's Date:

Outing Title: _____ **Outing Date:** _____

PARTICIPANT CONTACT INFORMATION		
LAST NAME	FIRST NAME	
920# - STUDENT ID	CELL PHONE #	WCU EMAIL
ADDRESS		
BIRTH DATE	HEIGHT	WEIGHT
NAME OF PERSON TO CONTACT IN CASE OF AN EMERGENCY		
EMERGENCY CONTACT PHONE #		
HEALTH INSURANCE PROVIDER	POLICY NUMBER	

HEALTH STATEMENT (PLEASE ANSWER ALL QUESTIONS)			
<p>This outing involves participation in outdoor activities, which are, by their nature, physically demanding. Therefore, all participants must indicate any medical or physical conditions that might create special considerations for themselves and others. Furthermore, medical care may be many hours away in case of an emergency. Physical strength is not required; although being in good condition will increase your enjoyment of the outing activities. If there is any doubt about your ability to safely participate in the outing activities, you should consult your physician and then notify Base Camp Cullowhee as to advice and recommendations.</p>			
<p>Current Health Status: Please indicate if you have any medical conditions or physical disabilities that could interfere with or limit your participation in the trip. If you are unsure, explain the trip to your physician and ask his/her advice. If you answer yes to any question below, please specify in detail below, indicating the item number. All information is kept strictly confidential.</p>			
1. Hearing or vision problems(do not include wearing contacts or glasses)	<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Serious reaction to high or low temperatures	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Respiratory problems (Ex. Asthma)	<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Frequent muscle cramps	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Back problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	10. High or low blood sugar	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Joint problems(knees, ankles, hips, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	11. Seizure disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Serious illness or hospitalization in the last year	<input type="checkbox"/> Yes <input type="checkbox"/> No	12. Anemia, bleeding tendencies or traits	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Surgeries in the last six months	<input type="checkbox"/> Yes <input type="checkbox"/> No	13. Psychological or emotional problems	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Heart problems or high blood pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No	14. Are you currently pregnant	<input type="checkbox"/> Yes <input type="checkbox"/> No
Item #	Detailed Description (include restrictions, if any)		
<p>What other physical conditions or restrictions do you have which may limit your participation in this activity? _____</p> <p>_____</p>			

HEALTH STATEMENT CONTINUED (PLEASE ANSWER ALL QUESTIONS)

Allergies: Indicate any allergies you have (medications, foods, plants, etc.), allergic reactions and any medications required.

Allergies: (Check if applicable, write in others)	Reactions:	Medication required (if any):
Insect Stings (bees, wasps, etc.) <input type="checkbox"/> Yes		
Iodine or shellfish allergy <input type="checkbox"/> Yes		

Medications: Please indicate any medications you are currently taking (other than allergy medications), for what condition, and whether you will take it during the trip. *If you need to take medication during the trip, be sure you have ample supply.*

Medication	Condition	Do you need during the trip?

Swimming Ability: (Please check one.) Good Swimmer Can Swim Non-Swimmer

Food Preferences & Dietary Restrictions: (vegetarian, kosher, lactose intolerant, etc., please indicate specific dietary needs)

DIETARY RESTRICTIONS	FOOD ALLERGIES (PLEASE LIST)
<input type="checkbox"/> VEGETARIAN (eggs & cheese okay!)	
<input type="checkbox"/> VEGAN (no animal products, thanks!)	
<input type="checkbox"/> OTHER INFORMATION:	

I understand the nature of the physical demands of this activity. I have noted about any medical or physical conditions I have which might affect my participation. I therefore release any and all claims for damages against Western Carolina University, and all individuals instructing and conducting these activities, for any and all injuries, loss or damage suffered by me during, or in any way connected with these activities.

PARTICIPANT SIGNATURE _____

DATE: _____

PARENT OR GUARDIAN SIGNATURE IF PARTICIPANT IS UNDER 18 _____

DATE: _____

This health and medical form is confidential and is used only by Base Camp Cullowhee staff for screening purposes in an attempt to make your experiences as safe and enjoyable as possible.