



# WESTERN CAROLINA UNIVERSITY



## Base Camp Cullowhee Medical Information Form

All participants must complete and sign the Assumption of Risk Agreement

Name: \_\_\_\_\_

Student ID # \_\_\_\_\_ Email address: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M / F (circle)

Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (Home/Cell): \_\_\_\_\_ Phone: (Alternate): \_\_\_\_\_

**Medications Currently Taking** (prescription or over-the-counter): \_\_\_\_\_

**Health History** (describe condition/treatment where possible): \_\_\_\_\_

**Allergies** (insects, foods, drugs, etc.): \_\_\_\_\_

**Conditions Requiring Regular Medication** (diabetes, epilepsy, etc.): \_\_\_\_\_

**Recent Injuries, Illnesses, Operations:** \_\_\_\_\_

**Other Physical Disabilities, Chronic or Physical Conditions:** (heart / back problems, high blood pressure, etc.) \_\_\_\_\_

**Emotional, Mental or Behavioral Disorders** (phobias, etc): \_\_\_\_\_

### Authorization for Emergency Medical Care

I am aware of my past and present health and fitness in relationship to strenuous activity. Information about my all prescription drugs that I am currently taking is noted on this form. I will participate in all course activities except the following (as limited by myself and/ or my physician): \_\_\_\_\_

Should an accident or emergency occur that renders me unable to communicate, I hereby give permission to the physician selected by present course staff members to provide emergency medical care, and to hospitalize and/or secure proper treatment for me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent/Guardian sign here if under 18 years old)

On occasion, WCU personnel take promotional photos of groups. If you do **NOT** want your photo taken, please sign

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent/Guardian sign here if under 18 years old)

**Your participation in Base Camp Cullowhee programs will be determined based on a review of this form by the facilitation team. Failure to submit this form will mean that you may be an observer, rather than a full participant. Regardless of your physical condition, you are expected to pay attention to your body and its physical limitations to select an appropriate level of participation. Failure to complete all portions of this form could result in injury or compound the damage to an existing injury.**