

WESTERN CAROLINA UNIVERSITY

Base Camp Cullowhee

Medical Information Form

All participants must complete and sign the Assumption of Risk Agreement



Name: _____
Student ID Number: _____ 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, stings, drugs, etc.): _____

Conditions Requiring Regular Medication (diabetes, epilepsy, etc.): _____

Recent Injuries, Illnesses, Operations: _____

Other Physical Disabilities, Chronic or Physical Conditions: (heart or back problems, pregnant, 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 17 years old)

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

Signature: _____ Date: _____ (Parent/Guardian if under 17 years old)

Your participation in Base Camp Cullowhee program 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.