

**MEDICAL AND INSURANCE INFORMATION**

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ .

ADDRESS: \_\_\_\_\_ .

HOME PHONE: \_\_\_\_\_ OFFICE PHONE: \_\_\_\_\_ .

FAMILY DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_ .

NAME OF PERSON TO CONTACT IN CASE OF EMERGENCY:  
\_\_\_\_\_ .

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ .

SOCIAL SECURITY #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_ .

**Medical History**

General Health Concerns: \_\_\_\_\_ .  
\_\_\_\_\_ .

Emergency Health Conditions (severe insect allergy, heart condition, seizures, convulsions, bleeding problems, diabetes, etc.):  
\_\_\_\_\_ .

Major Illness (injuries, operations, hospitalizations), including where and when: \_\_\_\_\_ .  
\_\_\_\_\_ .

Any Current Medications (prescription or over-the-counter)?: \_\_\_\_\_ .  
\_\_\_\_\_ .

Any Allergies? \_\_\_\_\_ PLEASE GIVE DETAILS AND MEDICATIONS. \_\_\_\_\_ .  
\_\_\_\_\_ .

ANY RESTRICTION ON PHYSICAL ACTIVITY?: \_\_\_\_\_ If so what? \_\_\_\_\_ .  
\_\_\_\_\_ .

DATE OF LAST TETANUS SHOT: \_\_\_\_\_ .

In case of emergency, when neither parent or next of kin can be reached by telephone, I, \_\_\_\_\_, give my permission to the Trip Leader, TOM MCEWAN to arrange for an operation or other treatment, and to sign a permission in my behalf for the administration of a general anesthesia by a qualified anesthetist.

SIGNATURE: \_\_\_\_\_ .