

STATEMENT OF HEALTH FORM
UW-LA CROSSE ADVENTURE PROGRAMS

All participants must complete and sign Statement of Health Form prior to participation.

NAME: _____

AGE: _____ SEX: _____ HEIGHT: _____ WEIGHT: _____

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

DOCTOR'S NAME: _____ PHONE: _____

EMERGENCY CONTACT PERSON: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HEALTH HISTORY (describe condition/treatment where possible): _____

ALLERGIES (insect stings, drugs, etc.): _____

CONDITIONS REQUIRING REGULAR MEDICATION (diabetes, epilepsy, etc.): _____

RECENT INJURIES, ILLNESSES, OPERATIONS: _____

OTHER PHYSICAL DISABILITIES OR CHRONIC OR PHYSICAL CONDITIONS: (heart or back problems, pregnant, high blood pressure, etc.): _____

EMOTIONAL OR BEHAVIORAL DISORDERS (phobias, etc.): _____

I, the applicant (parent or guardian of minor applicant), assume full responsibility for the applicant's health being such that the activities will in no way aggravate any conditions present. If in doubt, medical advice will be sought and followed. The UWL ADVENTURE PROGRAMS will be notified of any changes in the applicant's health status prior to participation. I declare the statements on this form to be true.

Signature of Participant (18 years or older): _____ Date: _____

Signature (Parent/Guardian if under 18 years old): _____ Date: _____