Colgate University | **WILDERNESS ADVENTURE** | **Medical History Form**

The following questions relate to conditions that may occur while participating in outdoor activities or have particular significance when in the wilderness, away from medical services. Answer them as thoroughly and honestly as possible so that we are prepared to deal with any problems that may arise.

This form will be kept confidential. Please print legibly and fill out both sides of this form.

Last Name: _____ **Assigned Trip:** _____

First Name: _____ **Sex:** M F **Session:** I II

Birth Date: ____/____/____ **Age:** ____ **Height:** ____ **Weight:** ____

Emergency Contact: _____

Address: _____

Relationship: _____ **Mobile Phone:** _____

Home Phone: _____ **Work Phone:** _____

1) Please indicate date of last Tetanus Booster (preferably within the last 5-10 years): _____

2) Do you wear glasses? Yes No **3) Do you wear contacts?** Yes No

4) Do you have any allergies? Yes No

If yes, circle all that apply:

Foods Insect Bites Sulfa Aspirin Medications

Other allergies: _____

Please describe your reaction(s): _____

_____

5) Do you have any medical conditions/concerns? Yes No

If yes, circle all that apply:

Asthma Diabetes Epilepsy

Other conditions: _____

Please explain condition(s) and treatment(s): _____

_____

6) Do you take regularly or carry with you any medications? Yes No

Please list and/or explain: _____

_____

7) During the last five (5) years, has your physical activity been restricted in any way? Yes No

Please explain: _____

_____

8) During the last five (5) years have you been hospitalized and/or had any surgeries? Yes No

Please explain: _____

_____

9) Do you have any surgeries planned between now and the start of Wilderness Adventure? Yes No

Please explain: _____

_____

If you should have any unplanned surgeries after submitting this form, please notify the WA Office.

10) Please DATE and explain any of the following conditions that you have had:

_____ Broken bone(s) _____ Back problems _____ Knee Problems

_____ Joint dislocation(s) _____ Sprained ankle(s) – severe enough to restrict activity

11) Do you, or have you, had any other health conditions that may affect your participation? Yes No

Please explain: _____

_____

Family Health Care Provider: _____ **Phone** _____

Address: _____

Medical Insurance Company: _____ **Policy #:** _____

Please Sign Here *to authorize Colgate University Health Services to review this form and, if necessary, to provide Outdoor Education with any additional information regarding chronic health problems which may affect your participation in Wilderness Adventure:*

_____ _____

Student Signature Date

Parental Permission must be obtained before medical treatment can be rendered to students under 18 years of age. The following consent form should be signed by a parent or guardian so that care may be given with no unnecessary delay. No major procedures will be performed, except in extreme emergency, without parents being notified and fully informed. If the form is not signed, it will be interpreted as a refusal for permission of care.

I give permission to physicians or other health care workers to provide medical treatment for my son or daughter for medical conditions which may arise during the course of this program.

_____

Parent or Guardian Signature

_____ _____

Parent or Guardian Name (printed) Date

Please return, along with Assumption of Risk Form to:

Wilderness Adventure
c/o Colgate Outdoor Education
13 Oak Drive
Hamilton, NY 13346