

Seguin Outdoor Learning Center - Health and Medical History Form

(This information will be treated with the strictest confidentiality.)

GENERAL CAMPER INFORMATION:

Name: _____ Gender: M F Age: _____ Date of Birth: _____

Parent Name: _____

Local Address: _____ City/State: _____

Local Phone: _____ Zip Code: _____

Work phone: _____ Cell phone: _____

EMERGENCY INFORMATION:

In case of emergency contact: _____ Relationship: _____

Home phone: _____ Work Phone: _____ Cell Phone: _____

Address: _____

City/State: _____ Zip Code: _____

Your Health Insurance Company: _____ Policy #: _____

Your Doctor's Name: _____ Dr. Phone #: _____

MEDICAL HISTORY:

Does Camper have any allergies? Y N If so, what? _____

Is Camper currently taking medication(s): Y N If so, what and why? _____

List any activity limitations or other medical conditions relevant to the Camper: _____

Recent or recurring injuries, recent surgeries, and/or disabilities: _____

Please circle Yes or No

Diabetes	Y	N	Chest pains	Y	N	High blood pressure	Y	N
Seizures	Y	N	Heart Disease	Y	N	Shortness of breath	Y	N
Asthma	Y	N	Family history of heart disease	Y	N	Episodes of anxiety or depression	Y	N

I affirm the information above is accurate and true to the best of my knowledge and that I have not withheld any information that would result in a health risk to myself/child while participating in any activities at the Seguin Outdoor Learning Center.

Signature: _____ Date: _____

(Participant or Parent/Guardian if Participant under 18.)