

Medications

Please list all prescription, over the counter, and natural medications you are currently taking. Note if this is a recent change in dosage or prescription. **Use separate sheet if needed.**

Medication Name	Dosage	Frequency	Side Effects (known and potential)	Reason for Taking

General Medical History

List any physical limitations, health problems or issues that may be important for the leaders to know about in case of an emergency or that may affect your ability to enjoy all aspects of this outing (e.g. diabetes, asthma):

The information provided here is a complete and accurate statement of any physical and psychological conditions that may affect my participation on this trip. I realize that failure to disclose such information could result in serious harm to myself and other participants. I agree to inform my trip leader should there be any changes to my health status prior to the start of the trip. I understand the outing may require vigorous activity that is both physically and mentally demanding in isolated areas without medical facilities. **I am fully capable of participating on this trip.**

Trip Name _____ **Trip Dates** _____.

Participant Signature _____ **Date** _____.

Updated 11/22/13