

**HEALTH STATEMENT FORM
TARLETON STATE UNIVERSITY
DUCK CAMP 2011**

The proposed activities provided by Greene Family Camp and Tarleton State University require participation in physical exercises, which is by nature physically demanding. Many of the activities will challenge you and cause surges in blood pressure and pulse rates. It is very imperative that you are free of any heart related impairments or other diseases. Therefore, all participants must be free of medical or physical conditions which might create undue risk to themselves or others that depend on them. Good physical condition will increase your enjoyment of the outdoor activities. If there is any doubt about your ability to safely participate in these exercises, you should have a physical examination. Mail this Health Statement Form and Completed Waiver of Liability to: Duck Camp -- Box T-0670 -- Stephenville, TX 76402 or fax to 254-968-9492.

Personal Information:

Name _____ Birthdate _____
Address _____ Gender _____
City, State, Zip _____ Home Phone _____
Age _____ Work Phone _____
Cell Phone _____

Emergency Contacts:

In an emergency notify _____
Cell Phone _____
Home Address _____ Home Phone _____
City, State, Zip _____ Work Phone _____
Name of physician _____ Physician's Phone _____
Date of last physical examination _____

Health History:

- List All Current Medications Taken: _____

- List All Drug Allergies: _____

- List All Other Allergies: _____

(Please Complete Other Side)

Circle the appropriate answer and describe any YES answers

Have you had or do you currently have any heart problems (date) _____	Yes	No
Do you frequently suffer from pains in your chest: _____	Yes	No
Do you often feel faint or have spells with dizziness: _____	Yes	No
Has a doctor ever told you that you have high blood pressure: _____	Yes	No
Do you have arthritis, joint or back problems that might be aggravated by exercise _____	Yes	No
Have you had any serious operations or serious injuries (date): _____ _____	Yes	No
Do you have any disabilities or chronic recurring illness: _____	Yes	No
Are there any activities to be limited/discouraged by physician's advice: _____ _____	Yes	No
Do you have Asthma: _____	Yes	No
Do you have any type of seizure disorders: _____	Yes	No
Do you have Diabetes: _____	Yes	No
Do you have and prescribed meal plan or dietary restrictions: _____	Yes	No
Are you currently sick and/or using medication that is not listed above: _____	Yes	No
Do you carry any family medical insurance: _____	Yes	No
Carrier: _____ Policy Number: _____		

Suggestions or health related information for TSU staff: _____

General Health Statement:

REPRESENTATION AND EMERGENCY AUTHORIZATION

The health history is correct so far as I know, and I believe that my health is satisfactory to participate in challenge course or other activities. I hereby give permission to the medical personnel selected by Tarleton State University or Green Family Camp to seek emergency medical assistance as deemed appropriate. Such authorization for emergency treatment shall also include, but not be limited to; charges incurred for the providing of aid and arranging evacuation of Greene Family Camp or its agency, determined that such evacuation is necessary or desirable. I further agree to assume responsibility for the cost of any specialized means of evacuation or for restrictions placed on activities.

Signature of Participant _____ **Date:** _____

Signature of Parent/guardian _____ **Date:** _____
(if participant is under 18)

(Please Complete Other Side)