

Tarleton Challenge Health and Medical Permission Form

(8/05)

(The following information will be treated with the strictest confidentiality)

GENERAL INFORMATION:

Name: _____ Gender: M F Age: _____ Program Date: _____

Local address: _____ City/State: _____

Local phone: _____ Zip: _____

Permanent address: _____ City/State: _____

Work phone: _____ Zip: _____

EMERGENCY INFORMATION:

In case of emergency contact: _____ Relationship: _____

Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____

Address: _____ City/State: _____ Zip: _____

Your Health Insurance Company: _____ Policy #: _____

Your Doctor's Name: _____ Doctor's Phone: () _____

MEDICAL HISTORY:

Do you have any allergies? _____ If so, what? _____

Are you currently taking medication(s)? If so, what and why? _____

Past injuries, recent surgeries, and/or disabilities: _____

- | | <u>Circle</u> | | | <u>Circle</u> | |
|-------------------------------|---------------|----|------------------------------------|---------------|----|
| • Diabetes? | yes | no | • Asthma? | yes | no |
| • Hypoglycemia? | yes | no | • Heart Attack? | yes | no |
| • High Blood Pressure | yes | no | • Heart Disease? | yes | no |
| • Chest Pains or Palpitations | yes | no | • Do you smoke? | yes | no |
| • Stroke? | yes | no | • Family history of heart disease? | yes | no |
| • Seizure? | yes | no | if yes, who? _____ | | |

Current level of fitness: fewer than three 20-minute aerobic activities per week.

three or more 20-minute aerobic activities per week.

Any activity limitations or other conditions you want us to know about: _____

I am signing that the information above is accurate and true to the best of my knowledge and that I have not withheld any information that would cause me a health risk while participating on the challenge course.

Signature _____ Date _____

(Participant or Parent/Guardian if under 18)