

**East Carolina University Adventure Leadership Program
Health Questionnaire**

Trip Name: _____ Trip Date: _____

Print Full Name: _____ Banner ID: _____

Address: _____

Date of Birth: _____ Phone Number: _____

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone: _____ Phone #2: _____

Please fill out the following items as accurately as possible. Please provide details about any significant conditions, injuries, and/or illnesses that may affect your ability to participate in an Adventure Leadership program. This form and the information on it will remain confidential and will only be reviewed by the Adventure Leadership Program Trip Leaders and medical personnel in the event of an incident/accident.

Do you have Health Insurance? Yes No

Health Insurance Company: _____

Policy Number: _____

1. Do you have any conditions, injuries or illnesses (pregnancy, diabetes, epilepsy, heart conditions, asthma etc.) that we should be aware of in the event that we need to provide aid? If yes, please list them below.

2. Please list any Medications you are currently taking.

3. Do you have any allergies? If yes, please list all below.

4. Do you carry and EpiPen for allergic reactions? Yes No NA
5. If yes, do you have it with you today? Yes No, please initial here _____
6. I certify that I/my child can swim. Circle one: Yes No
7. Do you have any dietary restrictions? If yes, please list all below.
- _____
- _____
- _____

Authorization for Emergency Medical Care & Medical Release

In the event that I/my child am/is rendered unable to communicate due to illness, accident, or emergency while participating in the Adventure Program, I hereby give permission to the physician selected by staff to hospitalize, secure proper medical treatment, and/or take whatever medical actions are necessary except as noted below. I agree to assume personal responsibility for these noted exceptions.

Exceptions for Medical Treatment/Hospitalization:

I authorize the information provided above is a complete and accurate statement of the physical and psychological factors which may affect my participation on an ECU Adventure Leadership Program Trip. Furthermore, I believe that I/my child am/is in good health. If in doubt, I will seek and follow medical advice.

Signature: _____ Date _____

Parent's/Guardian's Signature: _____ Date: _____