

STATEMENT OF HEALTH FORM
UW-LA CROSSE ADVENTURE PROGRAM EXCURSIONS
All participants must complete and sign Statement of Health Form prior to the trip.

NAME: _____

AGE: _____ SEX: _____ HEIGHT: _____ WEIGHT: _____

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

DOCTOR'S NAME: _____ PHONE: _____

EMERGENCY CONTACT PERSON: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HEALTH HISTORY (describe condition/treatment where possible): _____

ALLERGIES (insect stings, drugs, etc.): _____

CONDITIONS REQUIRING REGULAR MEDICATION (diabetes, epilepsy, etc.): _____

RECENT INJURIES, ILLNESSES, OPERATIONS: _____

OTHER PHYSICAL DISABILITIES OR CHRONIC OR PHYSICAL CONDITIONS: (heart or back problems, pregnant, high blood pressure, etc.): _____

EMOTIONAL OR BEHAVIORAL DISORDERS (phobias, etc.): _____

I, the applicant (parent or guardian of minor applicant), assume full responsibility for the applicant's health being such that the activities will in no way aggravate any conditions present. If in doubt, medical advice will be sought and followed. The UWL ADVENTURE PROGRAM will be notified of any changes in the applicant's health status prior leaving for the off campus outing. I declare the statements on this form to be true.

Signature: _____ Date: _____
(Parent/Guardian if under 18 years old)

On occasion, UW-L personnel takes promotional photos of groups. If you do NOT want your photo taken, please sign.

Signature: _____ Date: _____
(Parent/Guardian if under 18 years old)