



**STATEMENT OF HEALTH FORM  
UW-LA CROSSE ADVENTURE PROGRAMS**

All participants must complete and sign Statement of Health Form prior to participation.

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 PROGRAMS will be notified of any changes in the applicant's health status prior to participation. I declare the statements on this form to be true.

Signature of Participant (18 years or older): \_\_\_\_\_ Date: \_\_\_\_\_

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