**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)