

Cedar Grove Retreat

3350 Camp Julia Rd. – Kannapolis, NC 28083 - 704.938.1314

Ropes Course Medical Information Form

I. General Information *(please print)*

Name _____ Today's Date _____

Male () Female ()

Phone Number (_____) _____ Height _____ Weight _____

Smoker _____ Non-smoker _____

II. Medical Information

1. Person to notify in case of injury or illness _____

Address _____

Home Phone (_____) _____ Cell / Other phone (_____) _____

Relationship _____

2. List any medication to which you are allergic _____

List any other allergies (food, insect bites, poison ivy, etc.) _____

Are you allergic to bee stings? _____ If yes, do you carry medicine? _____

Name of medicine _____ Nature of reaction _____

III. Medical History

1. Name any illness or condition for which you are now undergoing treatment and list any medication that you are currently taking _____

2. If you have had any of the following, state the year of occurrence and the location of your body in which it occurred:

Hernia _____ Fracture _____

Dislocation _____ Sprain/Strain _____

3. Name any injury, illness or disability not mentioned and year of occurrence

IV. Insurance

Are you covered by a hospitalization or medical care policy? _____

If yes, indicate name of insurance company issuing such policy _____

Policy or Certificate Number _____

V. Signature (if participant is under 18 years of age, Parent or Guardian must sign.)

In the event of an accident or emergency that renders me unable to communicate, I grant my permission for any medical care, operations and/or anesthesia that might become necessary.

This information is collected for use in the event of injury or emergency. We do not screen applicants for medical fitness, so if you have any doubts about your fitness or ability to participate, DO NOT PARTICIPATE. For medical advice, see your physician. Failure to complete all portions of this form could result in injury or compound the damage of an existing injury.

Date

Signature