PARTICIPANT MEDICAL INFORMATION FORM

We ask for this information so that our staff will know in advance of special medical conditions you may have, rather than learning about them in a crisis. Also, in the event of serious injury or illness, this form provides emergency medical personnel with a useful medical history. After reviewing this form, a RRCCOGS guide may contact you to discuss whether the trip will be safe and enjoyable for you considering your medical history.
We will keep the information on this form confidential. It will be seen only by staff, medical personnel, or others who know and understand its confidential nature. The form will be retained along with your liability waiver for at least one year following the trip, after which it will be destroyed. If you choose not to go on the trip, this form may be destroyed immediately.

PARTICIPANT INFORMATION

Name: ____

Address:____

City: ______________________________State:________ Zip Code:________________

Home phone: ____________________ Work phone:______________Cell phone:________________

Date of Birth: ____________________Sex:___ Height:_______ Weight: ___________

If you carry medical insurance, please provide the name of your provider and policy or member number.

____

EMERGENCY CONTACT INFORMATION

Name: ______________________________Relationship:____________________________

Home phone: ____________________ Work phone:______________Cell phone:________________

Please complete all parts of this medical information form and return it to the Red Rock Climbing Center Outdoor Guide Service before the date of your scheduled activity. The RRCCOGS uses this information to help us understand your needs and accommodate you during your climbing experience. Please circle "YES" or "NO" for each item. Each question must be answered. Please provide specific information regarding each condition, illness or injury including dates if appropriate for all "YES" answers.

General Medical History

Name: ____

1. Do you have a history of respiratory problems or asthma? Yes No
   Is the asthma well-controlled by an inhaler or other medication? Yes No
   If you have asthma, when was your last attack?
   Briefly describe what triggers an attack?

   Note: If you use an Inhaler, please bring one with you.

2. Do you have a history of problems with balance, dizziness, loss of consciousness or seizures? Yes No
   If yes, please explain:

3. Do you see a physician on a regular basis for any medical condition? Yes No
   If yes, please describe the issue and provide contact information for the physician.

4. Have you been hospitalized in the past five years? Yes No
   If yes, for what condition?

5. Do you currently have or do you have a history of any muscular-skeletal injuries (e.g. muscle/tendon injuries, joint injuries, including sprains or back injuries)? Yes No

6. Do any of these current or past injuries limit your capacity for physical activity? Yes No

7. Do you currently have or do you have a history of any known allergies, including: foods, medications and insect bites or stings? Yes No
   If so, what causes the allergic reaction?

   Note: If you have been prescribed an epinephrine injector for an allergic condition, please bring it with you. RRCCOGS does not stock epinephrine in its First Aid Kits.

MEDICATIONS

(Attach additional sheet(s) if necessary.)

Name: ____

1. Are you taking any prescription or non-prescription medications? Yes No

   Please provide the following information for any medications you are taking:
   Medication:
   Dose/Frequency:
   Known Side Effects/Interactions:
   Restrictions:
   For what condition?

   Note: If you will need to take a prescription medication during your RRCCOGS activity, please bring it with you.

2. Do you have a history of any medical condition, disease or disorder not described above? Yes No

   If yes, please explain.

3. Do you have any conditions that would limit your participation in rock climbing activities? Yes No

   If yes, please explain.

SIGNATURES

"Yes" answers to any of the questions on this form do not automatically exclude a participant from a RRCCOGS activity. However, the RRCCOGS, at its sole discretion, may not allow individuals to participate in any activities that could have a reasonable likelihood of causing harm to the participant or others due to a medical, physical or psychological condition. Failure to report current and pertinent medical information could result in injury or illness or compound an existing injury or illness to any participants involved in a RRCCOGS activity.

Participant Printed Name: ___________________________________ Signature _______________________________________

Date __________________

Printed Name of Parent or Guardian: ___________________________________ Signature:_______________________________

Date __________________