

**Adventuresports Institute
of Garrett College
Medical Information**

Answers to the following must be complete.

Please print or type all information.

Course/Event Title: _____ Date(s) of course/event: _____
Your Full Name: _____ E-Mail: _____
Current Mailing Address: _____
City: _____ State: _____ Zip: _____
Sex: Male Female Age: _____ Birth Date: _____ Occupation: _____
Phone while in school: _____ Home Phone: _____

***The Adventuresports Institute® strongly recommends that you see your doctor,
discuss the rigors of the trip with him/her, and receive a thorough physical.***

Insurance: *You are responsible for any medical expenses and should be covered by your own sickness and accident insurance.* Are you covered by hospitalization and medical care insurance? No Yes If yes, please complete below.
Policy or certificate number _____ Insurance Company _____
Address: _____

Pulse/Blood pressure: *(If you are over 40, or are overweight, or have had an inactive lifestyle, please have your blood pressure taken and recorded).*

Blood Pressure: _____/_____ Pulse rate: _____ Date Taken: _____

Chronic health problems: *(If you have any health problems which we should be aware of, please describe).*

Neck, back, or shoulder pain or injury _____

Diabetes, seizures, or frequent or unexplained fainting or dizziness _____

Chronic illnesses _____

Medications and prescriptions you are taking _____

Allergies _____

Dietary restrictions _____

Previous injuries, illnesses, or other medical or emotional considerations or problems which might effect your participation on the trip _____

In case of emergency, please notify (please print)

Name _____ Relationship: parent legal guardian spouse

Address _____

Telephone (home) _____ (work) _____

PLEASE READ

Consent is hereby given to attend an Adventuresports Institute® event and permission is given for emergency anesthesia, operation, hospitalization or other treatment which might become necessary. The information provided above is a complete and accurate statement of the physical factors which may affect my/my child's participation in an Adventuresports Institute® event. I realize that failure to disclose such information could result in harm to myself and my fellow participants, and I agree to indemnify and hold harmless the Adventuresports Institute®, Garrett College, and its assigns if all relevant information is not disclosed. I also agree to notify Adventuresports Institute® (301-387-3330) should there be a change in my health prior to the event.

Student/Employee Signature: _____ Date: _____

Signature of parent or guardian if under age

18: _____