

TRAILS CLUB BACKPACK MEDICAL FORM

(Please Print - This form will be kept confidential)

Backpack: _____ Today's Date: _____

Name: _____ Date of birth: _____ Age: _____

Address: _____ City: _____ State: ____ Zip: _____

Phone: _____ Email: _____

Emergency Contact

Name: _____ Relationship: _____

Address: _____

Phone: _____ Cell/Pager: _____ Email: _____

Doctor's Name: _____

Clinic Name & Address: _____

Phone: _____ Fax: _____ Email: _____

Medical Insurance

Name: _____ Group/Policy#: _____

Address: _____

Phone: _____ Fax: _____

The following information is necessary before participation in this Trails Club Outing. It is essential to have this information in case of illness or accident.

1. Do you have any medical problems, issues or limitations? No ____ Yes ____

If yes, please explain:

2. Has a medical professional seen you for a medical condition in the past 12 months? No ____

Yes ____

If yes, please explain:

3. List your current prescriptions, natural, and over-the-counter medication (aspirin & etc.) that you are now taking: (drug name, dosage and frequency)

4. Have you taken any medication in the past 6 months that is not listed in part 3?

No ____ Yes ____ Please list:

5. Allergies to food, medications, or the environment? No ____ Yes ____ Please list.

6. Current tetanus immunization? No ____ Yes ____ Please list date:

The Outing leader will keep a copy of this during the outing in case it is needed. Please keep a copy of this completed form with you at all times during the outing.

Signed: _____ **Date:** _____