

The College of St. Scholastica, Outdoor PURSUIT! Program Confidential Health Form

Please answer questions thoroughly. This information is essential for your safety and enjoyment.

Program Name: _____ Dates: _____

Personal Information:

First Name: _____ Middle Initial: _____ Address: _____
 Last Name: _____ Apartment/Room: _____
 Date of Birth: ___/___/___ Gender: Male, Female City: _____ State: _____ Zip: _____
 Height: _____ feet _____ inches Weight: _____ lbs. Home Phone Number: (____) _____ - _____
 Are you a Student at CSS? Yes, No Cell Phone Number: (____) _____ - _____

In case of Emergency, Notify:

Name: _____ Cell Phone Number: (____) _____ - _____
 Relationship: _____ Family Doctor: _____
 Address: _____ Phone Number: (____) _____ - _____
 City: _____ State: _____ Zip: _____ Health Insurance Co.: _____
 Home Phone Number: (____) _____ - _____ Policy Number: _____

Health Information:

Have you ever experienced any of the following:

#	Condition	Y	N	#	Condition	Y	N	#	Condition	Y	N
1	High Blood Pressure			24	Frostbite			47	Ankle Problem		
2	Heart Disease			25	Circulation Problems			48	Leg/Hip Problem		
3	Heart Murmur			26	Bedwetting			49	Foot Problem		
4	Irregular Heartbeat			27	Stomach Ulcers			50	Currently Pregnant		
5	Family history of heart attack			28	Intestinal Problems			51	Medical Equipment/ Devices		
6	Tuberculosis			29	Heatstroke			52	Learning Disability		
7	Recent exposure to Active TB			30	Bladder Infection			53	Special Diet		
8	Positive TB test			31	Difficulty Urinating			54	Unexpected Weight Loss		
9	Active or History of Hepatitis			32	Kidney Problems			55	History of Altitude Sickness		
10	Lyme disease			33	Thyroid Problems			Do you currently or regularly have any of the following?			
11	Seizure Disorder/Epilepsy			34	Endocrine Problems						
12	Seizure w/in past year			35	Hearing Impairment				Chest Pain/Pressure		
13	Bleeding/Blood Disorder			36	Vision Impairment			57	Heart Palpitations		
14	Sickle Cell Anemia or Sickle Cell Trait			37	Head injury with neurological impairment			58	Frequent Shortness of Breath		
15	Chronic Cough			38	Headaches			59	Unexplained Sweating		
16	Recurrent Lung Infections			39	Motion Sickness			60	Frequent Dizziness		
17	Asthma			40	Sleep Walking			61	Frequent Fainting		
18	Diabetes			41	Broken Bones			62	Heartburn		
19	Hypoglycemia (Low Blood sugar)			42	Neck Problem			63	Muscle Cramps		
20	Anorexia Nervosa			43	Back Problem			64	Intolerance to Warm or		
21	Bulimia			44	Elbow/Wrist/Hand Problem			65	Cold Temperatures		
22	Cancer			45	Shoulder Problem			66	PMS/Menstrual Problems		
23	Skin Problem			46	Knee Problem			67	Other		

If you answered yes to any of the items above, please explain. Please include:

- Date of last occurrence -How you care for symptom/condition -Signs/symptoms that occur and how often
- any activity restrictions due to symptom/condition - Be as complete and detailed as possible

#	Detailed Explanation/Description

Are you allergic to anything – including medicines, foods, insect bites/stings? No Yes, please explain...

Allergy	Reaction	Medication Required (if any)

Are you Currently taking any prescriptions? No Yes, please explain...

Medication	Taken For (symptom/Condition)	Dosage (size, frequency)	Date Started

Do you require a special diet? If yes, what is it? _____

**The College of St. Scholastica, Outdoor PURSUIT! Program
 Acknowledgment of Risks and Release of Liability**

Program Name and Date(s): _____

Although Outdoor PURSUIT! has taken reasonable steps to manage the risks in this program, I acknowledge that this activity has risks. The following describes some, but not all, of those risks. Activities vary with program, and include canoeing, kayaking, hiking, backpacking, rock climbing, skiing, dog sledding, and snowshoeing. Canoeing and kayaking may involve travel over unpredictable open lakes; in waves, surf or fog; down rivers with dangerous rapids; and along rocky shorelines. Some travel on foot or by vehicle over unpredictable terrain such as frozen lakes, slippery rocks, downed timber, steep slopes, and narrow trails may also be encountered. Environmental risks may include rapidly moving, deep or cold water; fog, lightning, rock fall, insects, animals, boat traffic, and other unpredictable forces of nature.

I represent that I am fully capable of participating in this activity. I assume and accept full responsibility for myself and for injury, death, loss of personal property, and expenses suffered by me as a result of those inherent risks and dangers identified herein and those inherent risks and dangers not specifically identified, and as a result of my negligence in participating in this activity. I, on behalf of myself, my agents, heirs and next of kin, hereby release The College of St. Scholastica and their respective employees, agents and representatives (hereafter referred to as "Group") from any responsibility or liability for personal injury, including death, and damage to or loss of property, that I may incur due to the negligence of the above group or my own negligence or due to accidental occurrences during my participation. I also agree to compensate the above group for any loss or damage of items used during my participation and should my health require evacuation for the program, I will accept responsibility for any associated expenses.

I, and my parent(s) or guardian, if I am a minor, have read, understood and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representative and estate and all members of my family.

SIGNATURE: _____ **DATE:** _____

If the participant is under 18, I am signing as parent or guardian to reflect my agreement to indemnify (that is, protect by payment or reimbursement) the about group from any claim which may be brought by or on behalf of, or any member of the family, for injury or loss resulting from the inherent risks of participation, described and not described above, and from the negligence of the participant:

SIGNATURE: _____ **DATE:** _____
 (PARENT/GUARDIAN)