



## Campus Recreation Department Emergency Information Form

Participants in activities, sponsored by the Campus Recreation Department, should be free of medical, mental or physical conditions which might create undue risk to themselves or others who depend upon them. Good condition will increase the participant's enjoyment of the activity. **Medical insurance is strongly encouraged.** Please review your personal insurance policy for adequate coverage as some companies may specifically exclude high risk activities. Reminder: Should injury or loss occur, each participant is responsible for his/her own medical fees.

### Health History

Name \_\_\_\_\_ Date \_\_\_\_\_

CWID# \_\_\_\_\_ SS# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age \_\_\_\_\_ Gender \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Do you have a personal health insurance policy? Yes \_\_\_\_\_ No \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Phone# of Insurance Co. \_\_\_\_\_

Do you have any allergies? If so, elaborate. \_\_\_\_\_

\_\_\_\_\_

Are you taking any medications? If so, please indicate type, dosage and reason for taking.

\_\_\_\_\_

Do you have any additional physical conditions or medical problems? \_\_\_\_\_

\_\_\_\_\_

How would you rate your physical ability: Poor \_\_\_ Average \_\_\_ Good \_\_\_ Excellent \_\_\_

Do you wear: glasses \_\_\_\_\_ contacts \_\_\_\_\_

Can you swim: yes \_\_\_\_\_ no \_\_\_\_\_

Level of swimming ability: Beginner \_\_\_ Intermediate \_\_\_ Advanced \_\_\_

Are you certified in First Aid/CPR: yes \_\_\_ no \_\_\_ Expiration Date \_\_\_\_\_

List any special food considerations: \_\_\_\_\_

### Emergency Contacts

Name \_\_\_\_\_

Relationship \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Home Phone \_\_\_\_\_

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