

Camp Kearney
High Ropes Course & Climbing Wall
PARTICIPANT HEALTH HISTORY FORM

Name: _____ Date: _____

Address: _____

City: _____ Zip: _____

Phone: _____ Cell: _____

PLEASE READ: This form is intended to remind leaders and participants of the seriousness of attempting adventure activities with an old, preexisting injury, a heart condition or other condition which might be aggravated by the event.

QUESTION	RESPONSE		
	YES	NO	
1. Any preexisting injuries (ankle, knee, back, neck, etc.) that might be aggravated by participating?			
2. Taking any current medications? _____	YES	NO	
3. Any heart problems or heart medications?	YES	NO	
4. Do you have high blood pressure?	YES	NO	
5. Do you have allergies (food, bees, insects, medications, etc.)?	YES	NO	
6. Do you have any physical limitations? _____	YES	NO	
7. Current level of activity back home	LOW	MEDIUM	HIGH

If you answered YES to any question above please discuss that item with your group instructor.

Please include any additional information that you feel is relevant:

SIGNED _____

In case of emergency who do we contact: _____

How are they related to you: _____

Contact Number: _____