



Medical/Personal History Form

Participant's FIRST NAME	LAST NAME	DOB	Age	Gender
Address		City/State/Zip		
		County		
PARENT/GUARDIAN		EMERGENCY CONTACT (other than parent/guardian)		
Name _____		Name/Relationship _____		
Primary Phone # (____) _____		Primary Phone # (____) _____		
Secondary Phone # (____) _____		Secondary Phone # (____) _____		
Email _____		Email _____		
FAMILY PHYSICIAN				
Name _____ Phone # (____) _____ FAX # (____) _____				
INSURANCE INFORMATION (We do not require insurance, but it is helpful if you do have it)				
Provider _____				
Policy Number _____				

A. Allergies (Including allergies to medicines, foods, insect bites/stings) NONE or...

Allergy	Reaction	Medication Required (if any)

B. Medical conditions (Other medical issues/illnesses/symptoms/ requirements/prosthetic device(s)) NONE or...

Condition	Symptoms and treatment	Medication Required (if any)

C. Current Medications (Including psychiatric medication, over-the-counter medication, inhalers) NONE or...

Medication	Taken For: (Symptom/Condition)	Dosage	Date Started	Current Side Effects

** Medications that need to be brought to camp with the participant should be kept in the original packaging with instructions &/or prescription (i.e. Epi-pen, asthma inhaler, prescription drug, Sudafed, etc.) and placed in a plastic baggie. Please inform an instructor if your child is carrying medication.

D. Demographic Survey

Participant Ethnicity – please check one	✓
African-American/Black	
Asian-American/Pacific Islander	
Caucasian/White	
Hispanic/Latino	
Native American	
Other (please specify):	

Grant Reporting – check any that apply	✓
Did participant receive a YEP scholarship for this course?	
Did participant receive SCFD funds for this course?	
Does this student participate in the federal Free & Reduced Lunch program at school?	

IN THE EVENT OF AN ILLNESS OR INJURY, DO YOU GIVE THE CMC STAFF PERMISSION TO GIVE YOUR CHILD ANY OF THE FOLLOWING OVER THE COUNTER MEDICATIONS (according to the directions for youth)? Please check those that apply:

- Ibuprofen** (Advil)
- Diphenhydramine/Antihistamine** (Benadryl)
- Acetaminophen** (Tylenol)

LEGAL RESPONSIBILITY AND MEDICAL EMERGENCY: I UNDERSTAND THAT THE ACTIVITIES AND SERVICES HAVE AN ELEMENT OF HAZARD AND INHERENT DANGER AND I TAKE FULL RESPONSIBILITY FOR THE ACTIONS AND PHYSICAL CONDITION OF ME OR MY CHILD. I AGREE TO INDEMNIFY AND HOLD HARMLESS THE COLORADO MOUNTAIN CLUB AND ITS EMPLOYEES, VOLUNTEERS, AND AGENTS FROM LIABILITY, LOSS, COST OR EXPENSES THAT ME OR MY CHILD MAY INCUR WHILE PARTICIPATING IN ACTIVITIES. I understand if my child has health problems, I must inform the instructor before participation in any activity. In the event of serious illness or injury to my child, I will allow transportation to the nearest hospital by ambulance or helicopter. I hereby give my permission for the Colorado Mountain Club to secure medical and/or surgical treatment for myself or my child, and I will accept all expenses of such care.

Trip Participation: My child has my permission to participate in the summer course with the CMC.

I have read the foregoing legal document and fully understand and agree to the contents thereof.

Print name of Parent/Guardian:

Date:

Signature of Parent/Guardian: