



Name:	Course:	
Year:	Term:	Session:

**Personal Information:**

Age:	Date of Birth:	Date of Last Tetanus Shot:
Level of First Aid Training:		
Local Address:		
Local Phone/Cell Phone:		

**Emergency Contact Information**

Names & Phone Numbers of persons you want us to contact in an emergency:
Contact 1 – Name:
Contact 2 – Name:

**Confidential Medical Information**

1. List <i>all</i> serious allergies:
2. List <i>all</i> current and pre-existing medical conditions that may affect your participation in a field course (injuries, illnesses etc.):
3. List <i>all</i> medications you are currently taking:
4. List <i>all</i> medications you have <i>stopped</i> taking in the last 6 months:
5. List <i>all</i> dietary restrictions:
6. Have you received any form of counseling in the last 2 years for a condition that could affect your ability to participate in a field course?
7. If you answered yes to question #6, please describe how your instructor/your co-instructor can support you in successfully participating and completing this course:
8. Is there anything else you would like your instructor to be aware of:

***I understand that failure to disclose existing or past health conditions could jeopardize my safety and the safety of the group I am with. All of the information I have provided about my medical history is accurate and complete to the best of my knowledge.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_