

Colorado State University- Pueblo
Student Recreation - Outdoor Pursuits
Medical Information Form

General Information (Please print clearly):

Name: _____ Date (today): _____
Address: _____ Phone Number: _____
PID# _____
Date of Birth: _____ Email _____

Emergency Notification

Contact Name: _____ Relationship: _____
Phone Number: _____

Medical History

1. List any medications that you are currently taking.
2. Do you have any allergies,(circle) Yes No If yes, explain:
3. Are you currently undergoing any hospital/medical treatment?

yes no

- a. Dizziness, Recurrent Headaches, Change in Consciousness:
- b. Eye, Ear, Nose, Throat, or Tonsil Complications:
- c. Impairment of Sight, Hearing, or Speech:
- d. Heart Complications:
- e. Chest Complications:
- f. Drug Allergies (Please Note the Drug):
- g. Stomach Complications
- h. Menstrual Complications:
- i. Urinary Complications:
- j. Joint, Knee, or Back Pain:
- k. Muscle or Limb Complications:
- l. Current Tumor Growth:
- m. Diabetes, Thyroid Imbalance, Hypoglycemia:
- n. Dietary Restrictions:
- o. Mental Health Complications (e.g. depression, anxiety):
- p. Pregnant?

I am aware of my past and present health and fitness in relationship to strenuous activity. I will participate in all course activities except for those noted below by myself and/or my physician. Information about any and all prescription drugs that I am currently taking is noted.

Should an accident or emergency occur that renders me unable to communicate, I hereby give permission to the present Outdoor Pursuits staff members to call and communicate with emergency medical personnel, except as noted below.

I have completed the above form to the best of my ability with full knowledge that any information withheld may create the potential for serious injury or re-injury. My participation in an Outdoor Pursuits program will be determined based on a review of this form by the facilitation team. Failure to submit this form will mean that you may be an observer, rather than a full participant. Regardless of your physical condition, you are expected to pay attention to your body and its physical limitations to select an appropriate level of participation. Failure to complete all portions of this form could result in injury or compound the damage to an existing injury.

Participant Medical Notes/Comments

Standard of Conduct

Individuals participating in this event must abide by the CS-Pueblo *Student Code of Conduct*.

Alcohol/Drug Usage Policy

I agree that I will not use, sell, distribute, or be in possession of any alcohol, illegal drugs, marijuana, drug paraphernalia, or controlled substances, unless authorized by a physician. Marijuana is prohibited even if I have a valid medical marijuana license.

Violation of Policy

If a violation of these policies occurs during the trip, program or event, individual(s) will be asked to leave the program area and/or sent home as soon as possible at their own expense. In addition, individuals who violate the policies will be referred to the Office of Student Conduct for follow up and possible disciplinary action. If the Office of Student Conduct office determines that the individual violated this Standard of Conduct or the Code of Student Conduct during an Outdoor Pursuits' activity then the individual(s) will be subject to University sanctions.

Photo Release

I do hereby give Colorado State University-Pueblo consent to use of all digital images, photographs, videotapes or film, taken of me and/or recordings made of my voice and/or written extractions, in whole or in part, of such recordings Colorado State University-Pueblo and/or others with its consent, for the purposes of illustration, advertising, creating derivative works, or publication in any manner.

Print Name: _____ **Signature:** _____ **Date:** _____

Signature of parent/guardian (if under 18): _____

Parent/Guardian Name: _____

Address: _____ **Phone:** _____