

CLIMBucknell MEDICAL FORM
Forest D. Brown Conference Center at Cowan
Bucknell University, Lewisburg, PA

PERSONAL INFORMATION

Name _____ Date of Birth _____

Address _____

Home Phone _____ Work Phone _____

Group/Organization _____ Date of Event _____

MEDICAL INFORMATION

Person Notified in an Emergency _____

Relationship _____ Home Phone _____ Work Phone _____

Family Physician _____ Phone _____

Address _____

Medical/Health Insurance Co. _____ Policy/ID No. _____

MEDICAL HISTORY

(This section needs a response on each line. Write N/A if it does not apply)

Allergies _____

Current Medications _____

Conditions Requiring Medications _____

Recent Injuries, Illnesses, Operations _____

Corrective Lenses _____

Psychological or Behavioral Disorders _____

Conditions Preventing You from Participating in Activities _____

I certify that the medical/health insurance policy will remain in effect at the time of this activity. I also declare the statements on this form to be true.

In accordance with manufacturer regulations, individuals weighing 250lbs or more may not use the HIGH ropes course. (These individuals may use the Low ropes course.) Please initial here if you weigh less than 250lbs _____

SIGNATURE OF PARTICIPANT _____ DATE _____

SIGNATURE OF PARENT/GUARDIAN _____