



**ADVENTURE/CHALLENGE ACTIVITIES PARTICIPANT HEALTH HISTORY**

Participant's Name: \_\_\_\_\_

Parent/Guardian's name (if participant is a minor) \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Participant's Birth Date: \_\_\_\_\_

Emergency Contact #1 \_\_\_\_\_ Phone Number \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_ Phone Number \_\_\_\_\_

**PLEASE READ:** This information is used to make facilitators of participant's medical conditions, allergies, or other information which should be taken into consideration when leading activities or in case of an emergency situation. If participant is a minor, please answer these questions as they relate to the participant.

1. Do you have any preexisting injuries (ankles, knee, back, neck, etc.)? YES NO  
 If so please explain: \_\_\_\_\_

2. Are you currently taking any medications? YES NO  
 If so please list: \_\_\_\_\_

3. Do you have a history of heart problems or are you taking heart medication? YES NO  
 If so please explain: \_\_\_\_\_

4. Do you have high blood pressure or a history of high blood pressure? YES NO

5. Do you have any allergies? (food, bees, insects, medications, etc.) YES NO  
 Are you carrying an epi-pen or other allergy medication today? YES NO  
 Please list allergens: \_\_\_\_\_

6. Do you have asthma? YES NO  
 Are you carrying an inhaler with you today? YES NO

7. Do you have diabetes? YES NO  
 If yes, what medications or other management tools do you have with you today? Please explain.  
 \_\_\_\_\_

8. Do you have any other physical limitations? YES NO  
 If so please explain: \_\_\_\_\_

9. Current level of activity at home. (circle one) LOW MEDIUM HIGH

Please include any additional information our facilitators should know. \_\_\_\_\_

\_\_\_\_\_

Participant signature \_\_\_\_\_ Today's Date \_\_\_\_\_

Parent/Guardian signature (if participant is a minor) \_\_\_\_\_