**Extended Trip Medical Form RMPE Department**

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| **Today’s Date** | **Outing Date & Title** |
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| **CONTACT INFORMATION** |
| FIRST NAME | LAST NAME |
| BANNER ID# | EMAIL |
| LOCAL ADDRESS | PHONE |
| EMERGENCY CONTACT NAME | EMERGENCY CONTACT PHONE # |

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| HEALTH INFORMATION |
| This outing may involve participation in outdoor activities which are, by their nature, physically demanding. Therefore, all participants are encouraged indicate any medical or physical conditions that might create special considerations for themselves and others. Furthermore, medical care may be many hours away in case of an emergency. Being in good condition will increase your enjoyment of the outing activities. If there is any doubt about your ability to safely participate in the outing activities, you should consult your physician and notify your trip leader. |
| What physical conditions or restrictions do you have which may limit your participation in this activity? |
| Are you taking any medications? If so, what type? |
| Do you have any allergies/reactions to the following? Medication, Insects (bees, etc.), Food?* NO
* YES (please describe)

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| Water-based Programs: (circle one) Good Swimmer Can Swim Non-Swimmer |
| I understand the nature of the physical demands of this activity. I have noted about any medical or physical conditions I have which might affect my participation. I therefore release any and all claims for damages against Appalachian State University, and all individuals instructing and conducting these activities, for any and all injuries, loss or damage suffered by me during, or in any way connected with these activities. |
| PARTICIPANT SIGNATURE  | DATE |
| The information provided on this medical form is confidential and is used only by the department to make your experiences as safe and enjoyable as possible. Individuals with disabilities requiring accommodation shouldregister with the Office of Disability Resources (ODR). <https://odr.appstate.edu/>  |
| **NOTIFY YOUR TRIP LEADER IF THIS INFORMATION CHANGES** |