



Our program involves a variety of activities that often include warm-ups, games, group initiative problems, trust experiences, low elements, and other rigorous physical adventure activities. Participation in our program and its activities is at all times an individual choice. There are risks, which must be assumed by each participant. The information gathered on this form is intended to support in the response of Penn College facilitators in the case of an accident or other health emergency. This form will not be used to determine eligibility to participate in challenge course activities. If a participant has any concerns regarding their medical history and participation in the challenge course activities, they should seek the advice of their physician. Please complete the form and return it to the Facilities & Events Office prior to participating in any activities.

**Participant Information**

Today's date: \_\_\_\_\_

\_\_\_\_\_

*Last name*

*First name*

*Date of birth*

**Emergency Contact Information**

\_\_\_\_\_

*Name*

*Relationship*

*Phone number to call during event*

**Medical Information**

This information will be kept in confidence by Pennsylvania College of Technology and only shared with your permission. This form will be destroyed at the end of the program.

1. Do you have any limiting physical or health disabilities (temporary or permanent)?  no  yes

If yes, identify and explain: \_\_\_\_\_

2. Do you currently take medication (prescribed or otherwise, e.g. cold medicine)?  no  yes

If yes, what are you taking, and what condition is it for: \_\_\_\_\_

3. Do you have any allergies, reactions to medications, or any other medical limitations?  no  yes

If yes, identify and explain: \_\_\_\_\_

4. Do you have any of the following symptoms/conditions? Circle yes or no and describe below.

- A. Do you have any history of heart disease, or heart attack?  no  yes
- B. Do you have high blood pressure or any history of high blood pressure?  no  yes
- C. Do you have any chest pains/pressure heart palpations, heart murmurs?  no  yes
- D. Have you ever had a stroke?  no  yes
- E. Do you have diabetes?  no  yes

5. If you checked "yes" to any of the above questions (letters A-E), identify the condition and describe below:

Concern: \_\_\_\_\_

Detailed description \_\_\_\_\_

\_\_\_\_\_

Concern: \_\_\_\_\_

Detailed description \_\_\_\_\_

\_\_\_\_\_

Concern: \_\_\_\_\_

Detailed description \_\_\_\_\_

\_\_\_\_\_

6. Other concern/issues: \_\_\_\_\_

Detailed description \_\_\_\_\_

\_\_\_\_\_

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

Parent or guardian signature \_\_\_\_\_ Date \_\_\_\_\_

*If under 18 years of age*

Email completed form to [collegetevents@pct.edu](mailto:collegetevents@pct.edu)