

**MEDICAL INFORMATION
CONSENT FORM**

Please answer the following questions to the best of your ability. The activities you will participate in often are in a different physical nature than most participants are used to. All medical concerns need to be known. If you have any questions regarding your participation you should discuss them with your doctor.

Date of Birth _____ Height _____ Weight _____ M
F

Do you have or have you ever suffered from any of the following? Please check.

- | | |
|---|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Are you currently under a doctor's care? |
| <input type="checkbox"/> Frostbite | <input type="checkbox"/> Are you taking any medications? |
| <input type="checkbox"/> Cerebral Edema | <input type="checkbox"/> Are you allergic to insect bites? |
| <input type="checkbox"/> Pulmonary Edema | <input type="checkbox"/> Are there any limitations to your activities? |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Do you have any medical conditions that you have not listed that we should be aware of? |
| <input type="checkbox"/> Asthma | |
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Dislocations |
| <input type="checkbox"/> Broken Bones | <input type="checkbox"/> Liver Problems |
| <input type="checkbox"/> Headaches? | <input type="checkbox"/> Altitude Sickness |
| <input type="checkbox"/> Compressed vertebra or Back Problem? | |

IF YES TO ANY OF THE ABOVE, PLEASE DESCRIBE IN DETAIL

LIST YOUR PHYSICAL ACTIVIES FOR AN AVERAGE WEEK

I, _____, hereby consent to any hospital care of medical or surgical diagnosis or first aid activities with Jack Roberts Climbing and its agents, if I am not able at that time to give my written consent due to unconsciousness, disorientation or other medical incapacity

I also understand and agree that I am solely responsible for all appropriate charges for such services and that Jack Roberts Climbing and its agents are under no duty to provide for any first aid or medical treatment in any event.

Signed _____

Date _____

Parent or Guardian (if under 18)

Emergency Contact

Phone:

_____ Email: _____