



# Ligonier Camp and Conference Center

## PARTICIPANT HEALTH / MEDICAL INFORMATION

Certain health/medical information must be made known to the instructor(s) conducting programs so that they can be prepared to respond appropriately if the need arises. This information will be held in confidence.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_

Birth date: \_\_\_\_\_ Sex: \_\_\_ M \_\_\_ F Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Name any illness or condition for which you are now under treatment, and list any medications (prescribed or otherwise) you are currently taking: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have any of the following, state the year of occurrence or onset:

- |                            |                            |
|----------------------------|----------------------------|
| Fractures _____            | Concussions _____          |
| Sprains/Strains _____      | Hernias _____              |
| Dislocations _____         | Epilepsy/Convulsions _____ |
| Asthma _____               | Diabetes _____             |
| Heart Murmur/Disease _____ |                            |

Name any allergies, reactions to medications, or any medical limitations you may have: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any limiting physical and/or emotional disabilities or illnesses not already mentioned: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there anything else we should know? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_