University of Wisconsin–Extension

Adult Event Health Form

Event Name: _____

Dates: _____

Name: _____ Age: _____ ☐ Male ☐ Female

E-mail Address: _____

Phone Numbers: Home (____)____-____ Work (____)____-____ Cell phone (____)____-____

Home Address: _____

Street City State Zip

Emergency Contact: _____ Relationship: _____

Primary Phone Number (____)____-____ Secondary Phone Number (____)____-____

Address: _____

Street City State Zip

Health Conditions (check)	Yes	No	Allergies (check)	Yes	No	List specifics
Asthma	☐	☐	Insect stings	☐	☐	
Diabetes	☐	☐	Foods	☐	☐	
Epilepsy	☐	☐	Medications	☐	☐	
Any dizziness, light-headedness or fainting associated with exercise within the past year?	☐	☐	Other	☐	☐	
Any unexplained, rapid or irregular heart beat within the past year?	☐	☐	Do any allergies require an EPIPEN Injection? ☐ Yes ☐ No			
Is an inhaler required and carried by adult? ☐ Yes ☐ No	Description of any limitation, restriction, physical condition or accommodation:					

Medication Name	Use	Dosage

Name of Insurance Co.: _____ Policy #: _____

CONSENT FOR MEDICATION ADMINISTRATION AND MEDICAL TREATMENT

By signing below,

- I am giving my consent in advance for medical treatment at an appropriate medical facility in case of illness or injury.
- I am stating that I am aware of and accept the risk inherent in the program activity.
- I attest that all information on this form is correct.
- I agree to hold harmless and indemnify the Board of Regents of the University of Wisconsin System, and the University of Wisconsin–Extension, their officers, agents, and employees from any and all liability, loss, damages, costs, or expenses which are sustained, incurred or required arising out of my actions in the course of the event/camp.

_____

Adult Participant Name (Please Print) **Adult Participant Signature** **Date**

Extension
UNIVERSITY OF WISCONSIN–MADISON

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