



## IRONWOODS CHALLENGE COURSE PARTICIPANT HEALTH INFORMATION

PLEASE PRINT

Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (other) \_\_\_\_\_  
In Case Of Emergency Notify \_\_\_\_\_ (relation) \_\_\_\_\_  
Emergency Contact Phone Number(s) \_\_\_\_\_  
Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

This information is intended to aid in the response of Ironwoods facilitators in the case of an accident or other health emergency. This form will be read **only** by Ironwoods facilitators and held **strictly confidential**. Forms will remain in a locked filing cabinet for up to two years prior to being shredded. This form will not be used to decide whether a person is eligible to participate in the challenge course activities. If a participant has any health concerns regarding participation in challenge course activities they should seek the advice of a physician. If participating as an employee of an organization you may return this form prior to the program sealed in an envelope with your name on the outside to ensure confidentiality.

1. Are you currently being treated for any **medical conditions/injuries/illness**? YES \_\_\_ NO \_\_\_  
*describe:* \_\_\_\_\_
2. Are you currently taking any **medications**? YES \_\_\_ NO \_\_\_  
*list:* \_\_\_\_\_
3. Do you have any **allergies** (medications, foods, insects, bees)? YES \_\_\_ NO \_\_\_  
*list:* \_\_\_\_\_
4. Have you been directed to carry an **epi pen**? YES \_\_\_ NO \_\_\_  
Will you have it during the challenge course program? YES \_\_\_ NO \_\_\_
5. Do you have any **respiratory problems**? YES \_\_\_ NO \_\_\_  
*describe:* \_\_\_\_\_  
Do you carry an inhaler? YES \_\_\_ NO \_\_\_
6. Do you have any history of **heart problems**? YES \_\_\_ NO \_\_\_  
*describe:* \_\_\_\_\_
7. Are there any **other conditions or factors** that we should be aware of? YES \_\_\_ NO \_\_\_  
*describe:* \_\_\_\_\_
8. Do you have any **fears or phobias**? YES \_\_\_ NO \_\_\_  
*describe:* \_\_\_\_\_
9. Do you feel **forced or pressured** from employer or others to participate? YES \_\_\_ NO \_\_\_  
*comments:* \_\_\_\_\_

### Please read and sign

I have honestly disclosed information in above questions accurately and completely. I have consulted with my physician regarding any health issues and concerns that I have and am physically and mentally able to participate in these activities. I grant permission to the Ironwoods staff to administer or seek emergency care if the health or well being of the participant becomes involved and provided immediately in the event that the parent/guardian is unable to be reached at the time of the emergency.

\_\_\_\_\_  
Signature (parent/guardian sign if under 18)

\_\_\_\_\_  
Date