

**TRINITY COLLEGE  
OUTDOOR PROGRAMS  
MEDICAL HISTORY FORM**

The following questions relate to conditions that might occur while participating in outdoor programs with Trinity College. These questions have particular significance to the wilderness setting in which we travel with the possibility of prolonged medical services. Your trip leaders have wilderness medical training and CPR certification. Please be specific and thorough so we can best be prepared to deal with situations that may arise.

First Name: \_\_\_\_\_ Trip Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Relationship: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_

1. Do you have any medical conditions/concerns? Yes          No  
 If yes, circle those that apply:

Asthma                  Blood                  Disorder                  Diabetes                  Epilepsy

Please explain your condition(s) and treatment(s):

\_\_\_\_\_

\_\_\_\_\_

2. Do you regularly take or carry medications with you? Yes          No  
 If yes, please list and explain:

\_\_\_\_\_

\_\_\_\_\_

3. Do you have any allergies? Yes          No  
 If yes, circle those that apply:

Aspirin          Foods          Insect Bites          Medications          Sulfa

Other Allergies: \_\_\_\_\_

Describe the reaction(s): \_\_\_\_\_

\_\_\_\_\_

4. Do you have any conditions that would be physically restrictive? Yes                      No  
If yes, please explain:

---

5. In the past five years have you been hospitalized or had any surgeries? Yes                      No  
If yes, please explain:

---

6. Do you have any of the following conditions, please date if you have? Yes                      No

Broken Bones                      Joint Dislocation                      Back Problems                      Knee Problems

Sprained Ankles – severe enough to restrict activity

If yes, please explain: \_\_\_\_\_

7. Do you have or have you had any other health conditions that may affect your participation including mental health issues? Yes                      No

Anxiety                      Depression                      Panic Attacks

Please Explain:

---

**Sign Here:** to authorize Trinity College's Health Center to review this form and if appropriate to provide the outdoor programs with any relevant information regarding health problems that may affect participation on the registered wilderness trip.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Parental Permission:** I grant permission to Trinity College to provide, seek and obtain medical care for me and the minor for whom I have signed for injury or illness occurring as a result of or otherwise during participation in the Activity, including the costs of any transportation not already included in the fees. I agree to pay the costs associated with any such treatment. Permission is given to the medical personnel selected by the Program Director or staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for me in case of emergency if I am unable to make a personal medical decision.

No major procedure will be performed, except in an extreme emergency, without parents being notified and informed.

I have reviewed this form and know my/my child's history provided here is true, accurate and inclusive.

\_\_\_\_\_  
Parent or Guardian Signature (under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Name (printed)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date