CONFIDENTIAL

Association for Challenge Course Technology
Health Risk Appraisal Form

Charles F. Patton Middle School Climbing Program
Unionville-Chadds Ford School District

Please Print

1. Name: _____
2. Date of Birth: _____/_____/_____
3. Name, Address, Phone Number(s) of an Emergency Contact:

   _____

   _____

4. What is your current level of physical activity? Please explain: _____

   _____

5. Do you have any allergic reactions (i.e., bees, drugs, foods, etc.)? Yes _____ No_____

   If yes, please list: _____

   Have you ever been stung by a bee or wasp? Yes _____ No_____

6. Are you currently taking any medications? If yes, please list them: _____

   _____

7. Do you have any chronic illnesses (i.e., diabetes, epilepsy, asthma, etc.)? If so, please list: _____

8. Do you have any physical conditions that might prevent you form participating in any physical activities? If so, please explain: _____

   _____

9. Have you experienced any injuries (i.e., dislocations, severe sprains, torn ligaments, etc.) within the last three years? If so, please state and identify when the injuries occurred, the extent of the severity of the injury and the completeness of the recovery from the injury.

   _____

   _____

   _____

-over-

10. Is a physician currently treating you? If so, please explain. _____

_____

11. Do you have any physical disabilities? If so, please explain: _____

_____

12. Do you wear contact lenses? Yes _____ No _____

13. What is the date of your last tetanus shot? _____

14. Please provide family doctor's name, address and phone number:

_____

_____

15. Check all that apply and list approximate dates:

_____ Frequent ear infections	_____ Chicken Pox
_____ Heart defect/disease murmur	_____ 3-day measles
_____ Convulsions	_____ 9-day measles
_____ Bleeding/clotting disorder	_____ Mumps
_____ High blood pressure	_____ Asthma
_____ Family history of heart disease	_____ Diabetes

16. Please provide any other medical information that would be beneficial to the facilitator of the group session.

In the event of an accident or emergency situation that renders me unable to communicate or requires medical care, I grant permission for any medical care, operations, and/or anesthesia that might become necessary.

Participant's Signature (all must sign) _____

Date _____

Parent/Guardian Signature (if participant is under 18) _____

Date _____