

# MEDICAL RELEASE FORM

## Medical Profile

Name \_\_\_\_\_

Current Treatments \_\_\_\_\_

Allergies \_\_\_\_\_  
*Including Food*

Do you have any food restrictions (vegetarian)? \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Contract Number \_\_\_\_\_  
Group Number \_\_\_\_\_

Insurance Carrier Phone Number \_\_\_\_\_

1. General health/physical condition: (circle one)

Excellent

Good

Fair

Poor

2. Are you currently taking some form of prescription medicine?

*If yes, give the name of the drug and the reason for taking it.*

Please inform the trip leader/facilitators of any other special information regarding your health.