

## ***Medical History and Personal Information***

Climber's Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ [  ] Male [  ] Female

Address \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Grade Next Year \_\_\_\_\_  
                                  M          D          Y

T-Shirt Size [  ] Small [  ] Medium [  ] Large [  ] Xlarge

Parent/Guardian Mother \_\_\_\_\_ Father \_\_\_\_\_

Climber Lives With: Both Parents Together [  ] Mother [  ] Father [  ] Other: \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Business Father (\_\_\_\_\_) \_\_\_\_\_

Mobil Phone (\_\_\_\_\_) \_\_\_\_\_ Business Mother (\_\_\_\_\_) \_\_\_\_\_

Date of last Tetanus Shot: \_\_\_\_/\_\_\_\_/\_\_\_\_

Youth's Doctor: \_\_\_\_\_ Doctors Phone (\_\_\_\_\_) \_\_\_\_\_

Is your teen on Regular Medication? [  ] Yes [  ] No If "yes" please explain.

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Does your teen have any physical, emotional, mental or behavioral weakness or problem? [  ] Yes [  ] No  
If "yes" please explain.

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Does your teen have any severe allergies? [  ] Yes [  ] No If "yes" please explain.

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Is there additional medical information that would assist Adventure School Staff in providing better care for your teen?

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Adventure Schools Rock Climbing will do its best to create the safest environment for your teen. Our goal is to help each child self manage its physical and medical conditions and needs.

Adventure Schools Rock Climbing requires that climbers who have potentially life-threatening conditions such as, but not limited to, bee stings, food allergies and seizures be able to manage their potential risk, provide two sets of medication, be familiar with its use and carry it with them at all times.