|  |  |  |
| --- | --- | --- |
| University of Wisconsin–Extension  Adult Event Health Form | Event Name: |  |
| Dates: |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | | | Age: | |  | | Male Female | |
| E-mail Address: | |  | | | | | | | | | | |
| Phone Numbers: | | | | Home (     )     - | Work (     )     - | | | Cell phone (     )     - | | | | |
| Home Address: | | |  | | |  | | | |  | |  |
|  | | | Street | | | City | | | | State | | Zip |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Emergency Contact: | |  | | Relationship: |  | |
| Primary Phone Number (     )     - | | | | Secondary Phone Number (     )     - | | |
| Address: |  | |  |  | |  |
|  | Street | | City | State | | Zip |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Health Conditions (check)** | | **Yes** | **No** | **Allergies (check)** | **Yes** | **No** | **List specifics** |
| Asthma | |  |  | Insect stings |  |  |  |
| Diabetes | |  |  | Foods |  |  |  |
| Epilepsy | |  |  | Medications |  |  |  |
| Any dizziness, light-headedness or fainting associated with exercise within the past year? | |  |  | Other |  |  |  |  |  |  |
| Any unexplained, rapid or irregular heart beat within the past year? | |  |  | Do any allergies require an EPIPEN Injection?  Yes  No | | | |
| Is an inhaler required and carried by adult?  Yes  No | Description of any limitation, restriction, physical condition or accommodation: | | | | | | |

|  |  |  |
| --- | --- | --- |
| **Medication Name** | Use | Dosage |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Name of Insurance Co.: |  | Policy #: |

# CONSENT FOR MEDICATION ADMINISTRATION AND MEDICAL TREATMENT

By signing below,

* I am giving my consent in advance for medical treatment at an appropriate medical facility in case of illness or injury.
* I am stating that I am aware of and accept the risk inherent in the program activity.
* I attest that all information on this form is correct.
* I agree to hold harmless and indemnify the Board of Regents of the University of Wisconsin System, and the University of Wisconsin–Extension, their officers, agents, and employees from any and all liability, loss, damages, costs, or expenses which are sustained, incurred or required arising out of my actions in the course of the event/camp.

|  |
| --- |
| **Adult Participant Name (Please Print) Adult Participant Signature**   **Date** |



An EEO/AA employer, University of Wisconsin-Extension provides equal opportunities in employment and programming, including Title IX and Americans with Disabilities Act (ADA) requirements.