

MEDICAL FORM

All information on this form will be held in confidence

(The sole purpose of this form is to assist the instructors in preparing for the course. Accurate information is essential.)

OVERALL PHYSICAL CONDITION: Excellent Good Fair Poor

DATE OF LAST TETANUS INOCULATION OR BOOSTER: D____M____Y____

A tetanus booster (within the last 10 years) is highly recommended.

PRESCRIPTION OR NON-PRESCRIPTION MEDICATIONS:

What medications, if any, have you taken in the last 6 months? _____

What medications, if any, do you expect to be bringing with you? _____

PLEASE PROVIDE WRITTEN INSTRUCTIONS FOR THE DISPENSING OF ALL MEDICATIONS

CHRONIC DISABILITIES, ILLNESSES OR ALLERGIES: (i.e. asthma, emphysema, hay fever or other allergies, diabetes, epilepsy, nosebleeds, fainting, high blood pressure, heart condition, etc.)

HISTORY OF INJURIES: (i.e. broken limbs, tendonitis, bursitis, sprains, dislocations, over-use injuries.) **Please include date of injury.**

EYESIGHT: Good Poor *Glasses *Contacts

***Important:** Please also bring spare eye glasses for out trips!

PLEASE LIST ANY PHYSICAL, EMOTIONAL OR PSYCHOLOGICAL LIMITATIONS:

WHAT IS YOUR SWIMMING ABILITY? Like a: Fish Dog Rock

PLEASE LIST ANY SPECIAL DIETARY NEEDS: VEGETARIAN? Yes No

ANY OTHER INFORMATION OR COMMENTS?

If any of the above information changes please inform the Educo Office as soon as possible.
YOUR PERSONAL INFORMATION IS NEVER GIVEN TO A THIRD PARTY UNLESS REQUIRED BY A MEDICAL EMERGENCY

Signature of Parent or Guardian _____ **Date** _____

PLEASE RETURN THE WAIVER RELEASE WITH THE APPLICATION & MEDICAL FORM AND MAKE SURE THE STUDENT'S MEDICAL PLAN NUMBER IS ON THE APPLICATION.