Medical History Information

In order to be better prepared for any medical emergencies which may occur during the course of the trip, Point Loma Nazarene University`s Great Escapes Adventures would like to know if you have any of the following conditions (please list if applicable).

If an item does not apply, please write "DOES NOT APPLY."

ALLERGIES (to medications, food, animals, insects, etc.)

_____

_____

MEDICATIONS (please ONLY list the ones you are currently taking)

_____

_____

HOSPITALIZATIONS (pertinent history)

_____

_____

BREAKS or FRACTURES (pertinent history)

_____

_____

_____ **DIABETES**

_____ **HEART CONDITIONS**

_____ **HEAD/SPINAL INJURIES**

_____ **ASTHMA**

ANY OTHER CONDITION THAT THE GUIDES NEED TO KNOW ABOUT:

_____

_____

DIETARY RESTRICTIONS
(please mark any that apply)

____ Vegetarian ____ Vegan

____ Other: _____

INSURANCE
(please mark any that apply)

____ School ____ Personal

Provider: _____

Policy #: _____

X_____ _____ _____
__SIGNATURE PRINT NAME DATE

ID # (Please write ALL 8 Digits of your ID) ____ ____ ____ ____ ____ ____ ____ ____ *

Food if provided by the Cafeteria, so YOU MUST SAVE MEALS FROM YOUR MEAL PLAN: 6 meals for a weekend trip / 1 meal for a day trip.

EMERGENCY CONTACT	HOME PHONE	CELL PHONE