# Zion Mountain School

## Medical Release

**Participant Information--- Party Name:_____ Trip Date:_____**
Full Name _____Date of Birth: ____ / ____ / ____ Age:____
Street/Apt _____
City _____ State _____ Zip _____ Email Address_____
Home Phone _____-_____-_____ Other Phone _____-_____-_____
Height_____ Weight_____ Shoe Size _____ Waist Size_____

**Emergency Information:**
Contact Name _____ Relationship _____ Emer. Phone _____-_____-_____ Other Emer. Phone _____-_____-_____

**Medical Information:**
Medical Insurance Company _____
Policy Number _____ Group Number _____

| Condition | Yes | No | Condition | Yes | No |
|---|---|---|---|---|---|
| Vision/Hearing Impairment | | | Diagnosed Mental Illness | | |
| Broken Bones | | | Severe Anxiety & Depression | | |
| Hospitalization in past year | | | High Blood Pressure | | |
| Muscle Impairment | | | Asthma | | |
| Urinary Tract condition | | | Diabetes | | |
| Intestinal Problem | | | Seizures | | |
| Arm or Hand Problem | | | Chronic Headaches | | |
| Leg or Knee Problem | | | Shortness of Breath | | |
| Foot or Ankle Problem | | | Women-Are you pregnant? | | |
| Back or Spine Problem | | | Chest Pain | | |
| Severe Sprains | | | Other | | |

**Please provide further information for any "Yes" responses.**

**Please list any allergies or prescription medications you are taking.**

### Medical Waiver Information

I hereby certify that the information provided herein is accurate and I the participant is in good physical condition to participate in the required activities. If medical attention is needed for illness or injury during the program, permission is given for such care under said health insurance coverage stipulations. We understand that Zion Mountain School need not provide payment of any medical fees incurred during the program.

Participant Signature _____ Date _____
Parent/Guardian Signature _____Date _____