

# Health Summary

## Health Information

1. List any illnesses or medical conditions or other personal health information which may affect your participation in Rock Ranch activities:
2. List medications you take on a regular basis, including inhalers:
3. List any allergies:
4. Physician's name/phone number:
5. Emergency contact people and numbers (list 3 please)

## Emergency Medical Consent (check applicable area)

- ☐ In the event emergency medical aid/treatment is required due to illness or injury during the process of my participation at Rock Ranch, I authorize Rock Ranch to:
  1. Secure and retain medical treatment and transportation if necessary.
  2. Release above medical information upon request to the authorized individuals providing emergency medical treatment.

This authorization includes, but is not limited to: x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the treating physician.

Signature \_\_\_\_\_ Date \_\_\_\_\_

- ☐ I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of my participation at Rock Ranch. In the event emergency aid/treatment is required, I wish the following procedures to take place:

Signature \_\_\_\_\_ Date \_\_\_\_\_