LEARN OUTDOORS
Northern Wyoming Community College District

# Participant Emergency /Medical Info

**Course/Workshop/Event**: _____

**Name:**_____**Date:**_____**College ID:**_____

**Email:**_____**D.O.B.**_____**Phone #:**_____

**Height:**_____**Weight:**_____**Shoe Size:**_____

**Primary Emergency Contact:**_____

**Phone #:**_____**Relationship:**_____

**Secondary Emergency Contact:**_____

**Phone #:**_____**Relationship:**_____

**Primary Care Physician:**_____**Phone #:**_____

**Allergies** (food, environmental & to medications) **& Nature of Reactions:**_____

_____

_____

**Medication(s) you take, and for what Conditions(s):**_____

_____

_____

**Have you been under the care of a Physician in the past 12 months?**_____

**If so, for what reason?**_____

**Do you have, or have you ever been diagnosed with any of the following?**
Asthma ☐ Diabetes ☐ Seizures ☐ Heart Condition ☐ High Blood Pressure ☐ Broken Bone or Joint Injury ☐

**Please elaborate:**_____

_____

I hereby authorize the release of this information to the appropriate medical personnel and appropriately trained NWCCD staff or student trip guides.

**Signature:** _____**Date:**_____

**ENDORSEMENT FOR MINORS**

As parent and/or guardian of the above named minor (i.e. under age of 18 years), I have read the above release, and hereby agree to all the provisions thereof. In witness whereof, I have hereunder set my signature on this _____ day of _____, 2_____.

_____ _____

Printed Name of Parent/Guardian Signature of Parent/Guardian