

Medical Form: Local Outings



General Information

Full name: _____ City: _____ State: _____ ZIP: _____

Age: _____ Date of birth: _____ Phone: () _____

I identify my gender as: _____ Primary Emergency Contact: _____

Address: _____ Phone: () _____

Allergies

Include allergies to food, insect bites and stings, medicines, animals, and the environment (dust, pollen, etc). Use a separate sheet if needed.

Select if no allergies

Allergy	Reaction	Medication required (e.g. epipen, antihistamine)	Is your allergy serious or life-threatening? How so?
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Medications

Please list all prescriptions, over the counter, natural medications, medical marijuana and inhalers you are currently taking. Include prescription medications taken for episodic or emergency use. Note if this is a recent change in dosage or prescription. Use a separate sheet if needed.

Select if no medications

Medication name	Dosage	Frequency	Current side effects	Reason for taking (symptom/condition)
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General Medical History

Are there any conditions or limitations (mental, emotional, or physical) that may affect your participation on this trip? If yes, please explain.

Yes No

Have you been fully vaccinated for COVID-19, including the waiting period? Yes No

Have you tested positive or experienced any covid symptoms in the past 2-14 days?

Symptoms include (from CDC):

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea, vomiting, or diarrhea

Yes No

Participant (and Parent of a Minor Participant), please sign and date below:

I certify that the information provided above is true, complete, and accurate. Other than any limitations described in this form, or any other information I have provided, I agree I (or my child) can participate in all trip activities. I agree to contact the Sierra Club promptly to provide additional information if my (or my child's) medical or health condition changes before the start of (or during) the trip. I acknowledge that falsifying or providing inaccurate or incomplete medical information can create serious risks to me (or my child) or to others and may result in dismissal from the trip.

Participant signature:

Print name:

Date:

Parent or Legal Guardian signature
(if participant is a minor):

Print name:

Date: