

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 Adventure's would like to know if you have any of the following conditions (please list if applicable).

If it does not apply, please write DOES NOT APPLY.

ALLERGIES (to medications, food, animal, insect, etc.)

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

HOSPITALIZATIONS (pertinent history)

BREAKS or FRACTURES (pertinent history)

_____ **DIABETES**

_____ **HEAD / SPINAL INJURIES**

_____ **HEART CONDITIONS**

_____ **ASTHMA**

ANY OTHER CONDITION THAT THE GUIDES NEED TO KNOW ABOUT:

Any dietary restrictions?

(Please mark which apply)

___ Vegetarian ___ Vegan

___ Other: _____

Insurance

(Please check one which applies)

School

Personal

Provider: _____

Policy Number: _____

X

SIGNATURE

PRINT NAME

DATE

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

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

Emergency Contact: _____

Emergency Phone: _____ Home

_____ Office/Cell