

CRUX HEALTH AND MEDICAL FORM

Please fill out this form in its entirety. It aids in identifying participants who might have special needs and therefore need extra safety precautions. It also provides important medical information in the event any treatment is required.

The information on this form is *confidential*.

Please attach additional pages if necessary.

GENERAL

Name _____
MI _____ Last _____ First _____

Address _____ Phone# (____) _____

D.O.B. ____/____/____

Height _____ Weight _____
M _____ F _____

EMERGENCY

In case of emergency notify _____ Relation _____

Phone# (H) (____) _____ (W) (____) _____
(C) (____) _____

Health Insurance Company _____ Policy # _____

Policy Holder's Name _____

ALLERGIES (Medicines, Foods, Bites, Stings, etc.)

Allergy	Reaction/Severity	Medication or Treatment	Do you carry an EPI
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KIT

MEDICATIONS

Drug	Condition	Dosage (amount/frequency)
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HEALTH HISTORY (Please describe on top of next page if checked yes)

Yes	No	
_____	_____	Vision Problem
_____	_____	Auditory Problem
_____	_____	Respiratory problem (ex. asthma)
_____	_____	Cardiac Problem (ex. irregular heartbeat, murmur)
_____	_____	Musculoskeletal problem (ex. neck/back/shoulder/ankle/knee or joint injuries or disease)

Describe: _____

Yes	No		Yes	No	
_____	_____	Pregnant	_____	_____	Unexplained fainting or dizzy spell
_____	_____	Diabetic	_____	_____	Hospitalization within past year
_____	_____	Seizure within the past year	_____	_____	Smoker
_____	_____	Special dietary needs	_____	_____	Other (issue, disability, illness)

Describe: _____

FITNESS LEVEL

Be advised that CRUX programs involve physical exertion but nothing out of the average person's physical capabilities. To prepare yourself for the activity, it is recommended that you do some aerobic activity like biking, walking/ hiking, or jogging for about 30 minutes a day. If time before the program permits, increase your exercise level incrementally.

Please describe current exercise activities including frequency and intensity:

PARENTAL CONSENT *(To be completed by parents/guardians of students under the age of 18)*

The laws of Maryland require that surgical and medical treatment of minors and release of medical information to hospitals, other physicians, and insurance companies about conditions treated by us be at the request of and with the approval of their parents. This right to request and approval may be delegated to College officials. Although it is our policy to notify the parents as soon as possible in the event of major illness or injury, it is impractical to notify for every minor illness or injury requiring treatment. It will help us protect the health of your child if you will delegate to us discretion in these matters.

I give my permission for such diagnostic and therapeutic procedures as may be deemed necessary for my child and agree to present information concerning their medical condition to other responsible authorities when deemed desirable. No major operations will be performed, except in extreme emergency, without parents being fully informed.

Signature of Parent or Legal Guardian _____

Signature of Student _____ Date _____

Please return this form as soon as possible to allow time for review. It is possible that further medical evaluation is needed to approve your participation in some CRUX activities.

**Mount St. Mary's University
CRUX/Outdoor Adventures
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