



Health Information

*We understand this information is personal but it is important for us to have access to this data if anything happens to you and you are not able to speak for yourself. We will keep your information private.*

Do you take any prescription medications?

*If yes, please list your meds here and indicate (briefly and generally) why you take it.*

Do you have any allergies or dietary restrictions?

*If yes, please describe.*

Do you have any conditions that might affect your ability to travel and/or participate in any of this trip's activities?

*If yes, please explain.*

I attest that the information I provided on this form is thorough and true.

\_\_\_\_\_  
signature of participant

\_\_\_\_\_  
date