



**Medical Information Form**

**Trip Name:** \_\_\_\_\_

**Trip Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Emergency Contact Phone #:** \_\_\_\_\_

*White Pine Touring operates in outdoor, sometimes remote wilderness locations. Depending on the outing clients may be carrying backpacks  $\geq 25$  lb., hiking, or climbing at altitudes up to 13,500 feet, and/or biking up to 30 miles in a day. Weather conditions can be severe with temperatures ranging from below 0 up to 100+ degrees F. Exposure to extreme weather including rain storms, snow, high winds, and intense sunlight are possible. Prior physical conditioning is strongly recommended. In the interest of personal safety of the client, the group, and the guide(s) please disclose any medical or health illnesses, condition, or disease that may prevent you from fully and safely participating in the outing. If no medical or health illness, condition, or disease is disclosed, you are representing that you are in good physical and mental health and able to fully and safely participate in the outing. White Pine Touring recommends a medical doctor's clearance prior to participating in an outing if you have any of the following: Heart/cardiac problems, respiratory problems, hypertension, neurological problems, epilepsy, diabetes, any condition requiring medications, any medical or health illnesses, condition, or disease that may prevent you from fully and safely participating in the outing.*

**Please list any medications currently taking:** \_\_\_\_\_

**Please list any allergies including drug, food, and environmental allergies:**  
\_\_\_\_\_

**Please list any current or past medical, health illnesses, condition, or disease that may prevent you from fully and safely participating in the outing:**  
\_\_\_\_\_  
\_\_\_\_\_