



Ascent Trip Medical History Form

For Office Use Only:

- ___ Trip Dates
- ___ Contacted
- ___ Sent information letter
- ___ Registration and consent forms filed

Peak 7 Adventures phone: (509) 467 5550
 6710 N Pittsburg St fax: (509) 483 0448
 Spokane, WA 99217

Date : ___/___/___

Contact Information

Name: _____

First Middle Last

Address: _____

Number Street Apt. #

City State Zip

Telephone #: (____) ____ - _____ E-mail address: _____

Personal Information

Current Height: _____ Weight: _____ Date of last physical exam: ___/___/___ Birth Date: _____

Doctor's name: _____ Phone number: _____

Please list any current health conditions:

Please list any medications that the camper will take, and any possible side effects that may occur.

Please list the date and reason for any hospitalizations and surgeries.

Please explain any significant injuries, including treatment.

Last Name _____

Are there any fears, special needs, or recent events in the camper's life that may impact his/her experience or behavior during an Ascent Trip? If so, please explain in detail.

The Ascent backpacking trip that the camper will participate in includes strenuous activity. The campers will be in a wilderness setting for 5 consecutive days. Campers will be in a group of up to 8 campers and at least 3 to 4 guides. The physical and mental environment can be challenging at times. Do you feel that any aspect of the camper's mental or physical health may endanger him/herself, the guides, or other members of the group? Are there any activities that may physically or mentally cause too much exertion or anxiety on the camper? If so, please explain in detail.

Are there certain situations, conditions, foods, or medications that may trigger a negative reaction in the camper?

Does the camper have a history of any of the following medical conditions:

- fainting
- seizures
- panic/anxiety attacks
- headaches
- stomach aches
- asthma or other breathing problems
- sleeping disorders (including insomnia and bedwetting)

I certify that the above information is true and accurate to the best of my knowledge:

Parent's Name: _____ Date: _____

Parent's Signature: _____

