

GREAT COMMISSION MINISTRIES / WOMEN'S WILDERNESS LT
Medical Information

Print Name _____ Date of Birth _____

Please let GCM/WWLT know about any medical problems you may have that could be a challenge for you or for other participants who may entrust their safety to you during a GCM/WWLT excursion. GCM/WWLT requests that you describe (in confidence) any potential medical condition you may have, such as dizzy spells, heart condition, fainting, seizures, severe allergic reactions, head injuries, broken bones, back pain or any condition that could temporarily incapacitate you. If you have no medical problems, please write "NONE" in the box below. If you are under a doctor's order, please advise your doctor about your intention to participate in an outdoor activity.

Please circle any conditions that apply to you.

Diabetes Allergies to insects or food High Blood Press Back problems Emphysema Asthma Heart problems Other

Explain medical condition(s) here _____

"I have read and understand the medical policy above and state that the information herein is correct to the best of my ability."

Signature _____ Date _____

In case of Emergency, please notify:

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Please be sure this person will be available during the time you will be on your GCM/WWLT excursion.

GCM/WWLT highly recommends that you have your own personal medical insurance. If you do not, please be aware that the Participant Agreement, Release, and Assumption of Risk puts the financial responsibility for any or all injuries on you and your personal resources.

Insurance Company _____ Group ID# _____
Name of insured if participant is not the policy holder _____