

**Salt Lake City Adventure Tour Health Form**

Tour Date: May 27 – June 3<sup>rd</sup>, 2018

Participant Name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: F / M - Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy ID # \_\_\_\_\_

**In an emergency who to notify**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**In an emergency please fill out questions below:**

1. Any health issues we should be aware of?

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2. Any medication we should be aware of?

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