



SMART
MOUNTAIN GUIDES

Medical Information Form

The medical information you provide helps us to minimize risk and make your trip as safe as possible. Please fill this form out as completely and accurately as you can. If you need more room for any questions, please attach a separate sheet of paper.

Name _____ Date of Birth _____
Height _____ Weight _____ lbs / Kg

Person to contact in case of emergency:

Name _____ Relationship _____
Day Phone # _____ Evening Phone # _____
Address _____
Email address _____

Is this person traveling with you? _____

If yes, list a second emergency contact person who is not traveling with you.

Name _____ Relationship _____
Day Phone # _____ Evening Phone # _____
Address _____
Email address _____

Primary Physician (name and phone #) _____
Health Insurance Company _____
Policy Number _____

● Are you currently taking any medications or drugs including prescription medications, over-the-counter drugs, vitamins, and/or homeopathic supplements? (list all medications and dosage)

● Will you be taking these and/or other medications during the trip?

● Are you allergic to any foods, animals, insects, or medications? (please explain the allergen, the reaction, and the treatment required)

● If you do have allergies, do you carry your own personal anaphylaxis kit? _____
● Do you have any physical or mental limitations on your activities, or any other condition that could affect your health or performance during physical activity? _____
