Hall Township: Echo Bluff Park

108 Wolfer Industrial Park

Spring Valley, Illinois 61362

815-447-2115



PARTICIPANT or CAMPER HEALTH HISTORY	/ FORM	
NAME	DATE	<u> </u>
ADDRESS		_
INSURANCE COMPANY:		POLICY #
PLEASE READ: This form is intended to remactivities with an old, preexisting injury, a bevent.		s of the seriousness of attempting adventure dition which might be aggravated by the
1. Any preexisting injuries (ankle, knee, bad	ck, neck, etc.) that might be	aggravated by the event? YES NO
2. Taking any current medications? YES NO)	
3. Any heart problems or heart medication	s? YES NO	
4. Do you have high blood pressure? YES N	0	
5. Please list all Allergies		
6. Do you have any physical limitations? YE	ES NO	
Current level of activity back home LOW M	IEDIUM HIGH	
Please include any additional information t	that you feel is relevant:	
Parent or Guardian signature:		<u> </u>
In case of emergency – contact:		<u></u>