

Riverside Outfitters Medical Form



Participant Name _____

Date of Program _____

- 1) Please list any known allergies. (if Epinephrine, Albuterol or another medication is required for treatment, please bring them to the program)

- 2) If the participant takes any medication please list the medication name, dosage, and what it treats.

- 3) Does the participant require any special considerations due to physical or mental disabilities?
(if so, please describe)

- 4) Please list any other past, pertinent medical issues not covered in the above.
