



GEORGE WILLIAMS COLLEGE
AURORA UNIVERSITY
P.O. Box 210
350 Constance Blvd.
Williams Bay, WI 53191-0210

SCHOOL OF EXPERIENTIAL LEADERSHIP
Outdoor Wisconsin Leadership Synergies
HEALTH FORM

(under 18 years old—must be signed by parent or guardian)



Phone: 262-245-8544
Fax: 262-245-8549
Email: owls@aurora.edu

Participant Name _____ Birth Date _____

School or Group Name _____ Program Date _____

Home Address _____ Phone _____

City _____ State _____ Zip _____

Physician _____ Phone _____

In case of emergency, notify _____ Day Phone _____

Evening Phone _____

Cell Phone _____

Alternate to contact for emergency _____ Day Phone _____

Evening Phone _____

Cell Phone _____

It is vital to the health and safety of program participants that all medical conditions or concerns be fully disclosed on this form. It is the responsibility of the program participant to assure that the following information is complete and accurate.

Medications being taken _____

Date of most recent tetanus booster _____

Do you currently have any of the following medical conditions?

Check if the answer is yes: Heart Condition Diabetes Asthma Allergies Pregnancy

If yes, your participation in the program may be limited. Please call us to discuss.

Orthopedic problems (including recent sprains or breaks) _____

Please briefly explain any condition that you checked (for pregnancy, provide due date): _____

Please describe any other health condition(s) or use of prostheses or medical devices (i.e. hearing aids, etc.) that might affect your participation in any physical activity: _____

In the event I cannot be reached in an emergency, I grant permission to Aurora University, including Aurora University George Williams College (AU-GWC) to secure and administer treatment by approved physician(s) and/or health care provider(s) for necessary medical, surgical, dental or health care during the AU-GWC experience.

I also understand that my signature on this form denotes permission to disclose pertinent health information to appropriate AU-GWC personnel or other entities designated as having a legitimate health interest.

Signature (if under 18 years of age—must be signed by parent or guardian)

Date

Contact OWLS at (262) 245-8544 with any questions or concerns.