

Medical Clearance and Emergency Contact Form

Name: _____

Sex: __ F __ M

Date of Birth: _____

Home Phone: _____

Cell Phone: _____

E-mail address: _____

Street / Apt. #: _____

City/Town: _____ State: _____ Zip Code: _____

This information is required to coordinate treatment in the event of a medical emergency. If you answer YES to any of the following questions, please provide details of the condition and treatment you received or are continuing to receive.

Are you currently under medical treatment? Yes No If yes, explain.

Are there any medical conditions that we should be made aware of? Yes No If yes, explain.

Do you suffer from any allergies? Yes No If yes, explain.

Are you currently taking any medications? Yes No If yes, please specify.

Are you allergic to any medication? Yes No If yes, explain.

Do you suffer from any food allergies or have any dietary restrictions? Yes No If yes, explain.

Do you have a disability that will require accommodations? Yes No If yes, explain.

Additional Health Conditions:

Do you have any additional health conditions other than those previously listed (such as surgeries, hospitalizations, injuries, chronic conditions, physical illness, psychological illness, emotional illness, mental illness, etc.) that may need special consideration during the retreat? __ Yes __ No If Yes, explain:

Emergency Contact Information: Person to notify in case of emergency, illness or accident:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Street / Apt #: _____

City, State, Zip: _____

E-mail address: _____

Authorization Statement:

By signing below I certify that:

- ❖ The information on this Medical Clearance and Emergency Contact Form is true and correct.
- ❖ I have no existing medical condition that would increase the risk of injury or illness to myself or others during this retreat.
- ❖ I am in good health and have no reason to believe that my health condition will change in the foreseeable future. However, should my health condition change, I will promptly notify Full Heart Yoga of any relevant changes in my health that occur at or prior to the start of the retreat.
- ❖ I understand that this information will be used only for the purposes for which it was prepared.

Signature: _____ **Date:** _____

Printed Name: _____