



SANTA BARBARA

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Non-Confidential Medical Information Form

Please note: this information will be shared with the instructors of the course, please only put non-confidential medical information below. It will be shredded when the trip or class concludes.

Full Name

____/____/____

Date

Please use this form to tell us about any medical conditions (including mental health conditions) that you feel we should know about before the trip. We will read over these forms before we leave.

1. Please list any medical conditions you would like us to know about:

2. Please list any medications you are taking or preventative medications (e.g. epipen) that you would like us to know about:

3. Please describe your fitness level (do you exercise regularly, can you swim, what types of activities do you engage in):