

Montana Alpine Guides

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MEDICAL CHECKLIST

The following is a short and confidential questionnaire to help your guide provide you with amore enjoyable outdoor experience. Please take a moment to completely answer the questions. If you have any questions or concerns, please don't hesitate to ask your guide or a representative from MAG. We want you to have the best experience possible. If you are the parent or legal guardian of anyone under the age of 18 in your party, please assist them in filling out the form.

Name (please print): _____ Age: _____

Phone: _____

Email: _____

1. Do you take any prescribed or over-the-counter medications or pills? Yes / No
If yes, please list:

2. Are you bringing any medications or pills on this trip not listed above? Yes / No
If yes, please list:

3. Do you have any allergies to food, medications, bee stings, etc.? Yes / No
If yes, please describe:

4. Have you ever had a severe allergic reaction or recent asthma attack? Yes / No
If yes, please describe:

5. Do you have any conditions, medical or physical, that might interfere with your ability to participate in this strenuous physical activity? Yes / No
If yes, please describe:

Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____

EMERGENCY CONTACT INFORMATION:

Name: _____

Address: _____

Phone: _____

Email: _____

Relationship to participant (i.e., spouse, sibling, friend, etc.):
