

Montana Alpine Guides

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MEDICAL CHECKLIST

The following is a short and confidential questionnaire to help your guide provide you with a more 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.):
