

**University of Rochester First-Year Orientation Outing Treks (FOOT)
CONFIDENTIAL HEALTH & SPECIAL NEEDS FORM**

Participant Name: _____

Please note: Program participants are responsible for maintaining health insurance coverage during the entirety of the FOOT program.

Please indicate any special dietary needs you have:

Do you have any health issues that may prevent you from participating safely in the FOOT program?
If yes, please explain:

What allergies, including medication allergies, do you have?

Are there any other special needs or considerations of which your Trek Leaders should be aware?

Emergency Contact(s)

Name: _____

Relationship to Participant: _____ Phone: __ (____) _____

Address: _____

Name: _____

Relationship to Participant: _____ Phone: __ (____) _____

Address: _____

The answers I have given above are correct, to the best of my knowledge and belief.

Participant Signature: _____ Date Signed: _____