



**USCGC ACACIA (WLB-406) "Ace of the Lakes"  
Overnight Education Program**

**MEDICAL CONDITION FORM**

Group Name: \_\_\_\_\_

Date of Visit: \_\_\_\_\_

Name of Visitor with Condition: \_\_\_\_\_

Basic Description of Condition:

In which part, if any, of the Overnight Education Program do you not wish to/will not be able to participate? (Reminder: The ACACIA does not have wheelchair access. The cutter is under review as a National Historic Landmark and exempt from laws pertaining to handicap access.)

Please list any allergies the individual may have:

Please list any medications being used by the individual:

If there is any other information that may be helpful to the health or safety of the individual or to the individual's enjoyment of the program, please make a note of it below.