

# FIELD TRIP MEDICAL INFORMATION FORM



AUBURN UNIVERSITY

## FIELD TRIP INFORMATION

Class Name: \_\_\_\_\_ Course Number: \_\_\_\_\_

Field Trip Description: \_\_\_\_\_

Field Trip Location: \_\_\_\_\_ Date(s): \_\_\_\_\_ Times: \_\_\_\_\_

### **PLEASE READ THE FOLLOWING INFORMATION CAREFULLY.**

#### **AS A PARTICIPANT, PARENT OR GUARDIAN I UNDERSTAND THAT:**

The information requested on this form is intended to help provide information on any pre-existing medical conditions. If you or your child has a pre-existing medical condition, participation in any strenuous activities may not be recommended.

***This information will be kept in strict confidence.*** Auburn University requests the information below so that, in case of an emergency, you have provided us with accurate information about you so that we can provide and/or seek appropriate treatment. You are accountable for providing an accurate medical history.

***Final determination about whether to participate is the responsibility of you and your physician.***

If you have any medical issue that is not requested below, but of which you think it is important, please include that information.

## GENERAL INFORMATION

Participant Name: \_\_\_\_\_ Email: \_\_\_\_\_

Participant Age: \_\_\_\_\_ Gender: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Legal Guardian (if applicable): \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Emergency Contact #1 Name \_\_\_\_\_ Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Relation \_\_\_\_\_

Emergency Contact #2 Name \_\_\_\_\_ Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Relation \_\_\_\_\_

## MEDICAL INFORMATION

Physician's Name \_\_\_\_\_ Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

## ALLERGIES

Allergies to medication?  Yes  No  Don't Know

Allergies to bee/insect stings?  Yes  No  Don't Know

Allergies to food?  Yes  No  Don't Know

If "Yes" please explain: \_\_\_\_\_

## MEDICAL CONDITIONS

Do you have a history of, or do you currently suffer from, any medical condition(s) with which we made need to be aware (for example: diabetes, epilepsy, high blood pressure, heart disease, pulmonary disease, cancer, medication dependent depression or anxiety

Yes  No  Don't Know

If "Yes" please explain: \_\_\_\_\_

Medications and dosage for above conditions: \_\_\_\_\_

**PLEASE READ: As a participant, parent or guardian I understand and acknowledge that my failure to disclose relevant information may result in harm to myself/my child and/or others during this field trip. By signing my name I represent and warrant that I have provided all materials and important information to Auburn University pertaining to my or my child's medical, mental and physical condition and that it is accurate and complete.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Legal Guardian's Name \_\_\_\_\_

Date \_\_\_\_\_

**A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 19**