MEDICAL DISCLOSURE AND ASSUMPTION OF RISK

PROGRAM/DATES: _____

PARTICIPANT: _____

The following medical information may be necessary in the event of serious illness or accident. Please complete this form accurately and truthfully. The facts you disclose will be kept confidential and will be used only to help the staff respond to an injury or illness. Failure to disclose accurate and complete information could compound the seriousness of an accident or illness, particularly if you are unable to respond clearly to the medical staff's inquiries. Please print your responses.

PERSON TO CONTACT IN EVENT OF EMERGENCY (parents or nearest relative)

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Office Phone: _____ email: _____

MEDICAL INSURANCE:
You must have medical/accident insurance that will cover the expenses of serious illness or accident. List below your medical/accident insurance provider:

_____

_____

_____

DIETARY RESTRICTIONS:
Please describe any dietary restrictions (i.e., lactose intolerant, food allergies)

_____

_____

_____

MEDICATIONS: List all medications you are taking or will be taking during this program. All medicines, prescribed or over-the-counter, must be transported in their original packaging.

_____

_____

_____

BLOOD TYPE
RH FACTOR:

Assumption of Risk

I have consulted with a medical doctor with regards to my personal medical needs. I am aware of all applicable personal medical needs. There are no health-related reasons or problems that preclude or restrict my participation in this program. I assume all risk and responsibility for my medical needs.

The University may, but is not obligated to, take any actions it considers to be warranted under the circumstances regarding my health and safety. I agree to pay all expenses relating thereto and release the University from any liability for their actions.

Signature of Participant: _____
Participant's Signature Printed Name Date

Signature of Parent or Guardian if participant is a minor: _____
Parent/Guardian's Signature Printed Name Date

_____
Parent/Guardian's Signature Printed Name Date