



Off-Campus Field Trip/Student Excursion

MEDICAL INFORMATION & EMERGENCY CONTACT FORM

EMERGENCY INFORMATION

Student's Name _____
Last First Middle Initial Student ID#

- Please provide your contact information so that the Responsible Party can get in touch with you prior to or during the event:

Cell Phone Number _____

Home Phone Number _____

- Please list any medical conditions (ie. allergies, diabetes, epilepsy, etc.) that the Responsible Party or a medical provider should be aware of:

- Please list any dietary restrictions or food allergies: _____

- Medications currently taking _____

(We recommend that you carry a copy of your insurance card with you when you travel)

- Please provide the name and phone number of someone we may contact in case of emergency:

Name _____

Phone _____

Home Address (including City/State) _____

I understand that in the case of a medical emergency this information may be shared with medical personnel. I consent to emergency medical treatment in the event such treatment is required.

Signature of student (or signature of parent/legal guardian if under age 18) _____

Date _____

(This form is to be in possession of Responsible Party on all College trips)