

Medical Information/Release Form

EVENT INFORMATION

Event Name and Description _____
 Event Dates (start and end) _____

PARTICIPANT INFORMATION

Participant's Name _____ Phone Number _____
 Permanent Address _____
 City _____ State _____ Zip _____ Home Phone Number _____

MEDICAL EMERGENCY CONTACT INFORMATION

Person to Contact First

Name _____ Relation to Participant _____
 Daytime Phone _____ Evening Phone _____

Backup Contact (relative or friend)

Name _____ Relation to Participant _____
 Daytime Phone _____ Evening Phone _____

Are you allergic to any medications? Yes No If so, explain _____

List current prescriptions/medications: _____

Are you currently under a doctor's care? Yes No If so, please explain _____

INSURANCE POLICY INFORMATION

Do you have health insurance? Yes No (the above named participant is not covered by health insurance)

If yes, provide the following information, which is required by Eureka College to expedite treatment and to facilitate the billing process.

Policy Holder's (P.H.) Name _____
 Address _____ City _____ State _____ Zip _____
 P.H.'s Employers Name _____
 Employer Address _____
 Insurance Company Name _____
 Company Address _____ City _____ State _____ Zip _____
 Policy # _____ Plan # _____
 P.H.'s Date of Birth _____ Relation to Participant _____
 Occupation _____

MEDICAL RELEASE

I hereby give my consent, in case of injury, to have a medical doctor; nurse, hospital/clinic, or other authorized medical practitioner to provide me with medical assistance and/or treatment, and agree to be financially responsible for the reasonable cost of such assistance and/or treatment. I understand that all travel activities pose some risk and agree to release Eureka College of liability for this activity.

 Signature of Student

 Date