**MEDICAL & EMERGENCY CONTACT FORM**

All participants and their parents or legal guardians if under 18 years of age, must complete and sign this form before taking part in any College sponsored off-campus event. Please download, complete and return this form to the Office of Student Affairs at least **five (5) days** before the event.

**Participant Name: College ID:**

Last First Middle

Participant’s Date of Birth:

Emergency Contact:

Name Cell phone and landline numbers

Participant’s Physician:

Name Telephone number

Health Insurance:

Name Policy number

History of significant health problems:

Allergies to medications/foods/other:

List any medications participant will be taking:

In case of an accident or injury which may require emergency care and/or in the case that the College chaperone is unable to contact a parent or legal guardian, permission is granted to seek medical attention. I understand that I am solely responsible for all financial obligations related to hospitalization and medical care provided in the case of an emergency.

Participant Signature Date

**If participant is under 18 years of age**

I hereby give permission for to participate in the

on (dates)

In the case of an accident or injury, I grant permission for

to receive medical attention deemed necessary by qualified medical personnel. As the parent or legal guardian, I understand that I am solely responsible for all financial obligations related to hospitalization and medical care provided in the case of an emergency.

Parent or Legal Guardian Signature Date