



Participant Medical Information

Geosciences

Digitally complete and sign the form. Submit to main office or to geo@usu.edu before first field trip.
This form is confidential and used only by USU Geosciences for course activities. It will be deleted after graduation or employment.

Name: _____ A#: _____ Phone#: _____

Street Address: _____

City: _____ State: _____ ZIP: _____ Date of Birth: _____

Health Information

THIS INFORMATION IS VERY IMPORTANT AND USEFUL IN THE EVENT OF AN EMERGENCY

Health Insurance Carrier: _____ Policy Number: _____

Allergies (drugs, foods, insects, plants, etc):

How are your allergies managed?

Have you had a severe allergic reaction?

Do you carry Epinephrine?

Major Illness, injury, surgery:

Medications you currently take (prescription & over-the-counter):

Do you wear glasses?

Contact lenses?

Please list any medical conditions that could limit physical activity such as, but not limited to: diabetes, asthma, hay fever, back injuries, etc.

Emergency Contact Information

Name: _____ Relationship: _____

Street Address: _____ Cell Phone: _____

City: _____ State: _____ ZIP: _____

Permission to release HIPAA protected medical information to your emergency contact:

Signature _____ Date _____