

WRIGHT STATE UNIVERSITY
Department of Earth & Environmental Sciences

MEDICAL INFORMATION FORM

_____ Date

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Last Name

First Name

Are you currently under long term health care? YES NO

Do you routinely require medication? YES NO

If YES, please
 Identify: _____

Are you allergic to any antibiotics or other
 prescription drugs? YES NO

If YES, please
 Identify: _____

Do you experience any particularly severe
 Allergic reactions to things such as bee
 Stings, foods, etc.? YES NO

If YES, please
 Identify: _____

Will you be prepared (with bee sting kit, etc.)
 in case of an allergic reaction? YES NO

Are your immunizations current? YES NO

Do you smoke? YES NO

What was the date of your last physical examination? _____

Who should be contacted in case of an emergency?

_____ Name

_____ Phone Number(s)

_____ Address

_____ City State Zip

-OVER-

ASSUMPTION OF RISK AND RELEASE

I, _____
(Name) (Address)

a regularly enrolled student at Wright State University, do hereby state as follows:

I am a student in the Department of Earth & Environmental Sciences, College of Science and Mathematics during Spring Quarter, 2012.

I am participating in this field trip which may involve hiking, camping, swimming, boating, and visiting stone quarries, and for other areas of geological significance, etc., as described on the syllabus I have received. I hereby certify to Wright State University that I have no known medical problems or conditions that would in any way prevent me from participation in the aforementioned or related activities.

In case of a medical emergency, I authorize Wright State University, or its duly authorized agents to transport me to a health facility/hospital for medical care if it is deemed necessary. I further authorize such physician, health facility, or hospital to perform any emergency procedures necessary to provide me with medical treatment.

I understand and voluntarily assume the risks associated with this activity, or use of any apparatus to conduct this activity. I assume responsibility for any injury, loss, or damage resulting directly or indirectly from my participating in this activity and will not institute any claim against Wright State University or its agents, either in their individual or official capacities.

I agree to hold the above-named parties harmless from liability from any injury to myself and for any injury or damage resulting from my actions. I hereby fully release and discharge Wright State University from any claims for liability for injury, loss, or damage.

I understand that this activity on the aforementioned property is performed under this specific understanding. I have read, understand, and sign the foregoing *Assumption of Risk and Release Agreement*, with full knowledge of its significance.

Signature _____ Date

Witness _____ Date