

VOLUNTARY MEDICAL HISTORY

If you will be participating in SNS field trips of more than one day duration, we request that you complete this form. Completion of this document is voluntary. You are not required to provide the information and can either opt in or opt out. The information you provide may help SNS staff and first responders to better assist you in the event of an emergency. Your confidentiality will be respected.

Student's Name _____ Course Title/Number _____ Semester/Year Course Offered _____

Do you have any medical conditions or any other restrictions that your instructor or first responders should know about?

Are you currently under a physician's care? **Yes / No**

If so, please describe _____

Physician Information

Name _____

Address _____ City _____ State _____ Zip _____

Phone: (____) _____ Alternate Phone (____) _____

Are you currently taking any medications that instructors or first responders may need to know about? **Yes / No**

If so, please describe _____

Do you carry any type of preventative or emergency medications with you (inhalers, epiPENSs, bee sting kits, insulin, other prescriptions)?

Yes / No If so, please describe _____

Please note that if you have medical conditions that require preventative or emergency medications (Ex: inhalers, epiPENSs, insulin, other), it is your responsibility to bring these required medications with you to all class activities.

Have you received any past medical treatment that instructors or first responders may need to know about? **Yes / No**

If so please describe what and when: _____

If you are currently involved in psychological treatment that instructors or first responders may need to know about, please either describe below or speak with your instructor directly.

Name of Treating Physician: _____ Phone:(____) _____

Please understand that alcohol and illicit drugs are not allowed on SNS field trips. Use and/ or possession of the above substances will be considered cause for expulsion from the field trip and failure of the field portion of the course. You will be sent home at your own expense.

Signature _____

Date: _____