

Print Name _____

Trip _____

Email _____

Phone _____

EMERGENCY MEDICAL INFORMATION

A. Healthcare: Please review section 8 within the JSU University Recreation Membership Agreement and Waiver regarding health care.

Please describe and explain any medical or mental conditions: _____

Emergency Medical Treatment. Please review section 7 within the JSU University Recreation: Membership Agreement and Waiver

B. Are you on any special medications or dietary restrictions? Yes/ No
If so, please explain: _____

Note: You are responsible for bringing with you an ample supply of your medications, instructions from your physician on the method or means of administering your medications, a copy of your prescription.

C. Do you have any allergies or allergic reactions to any medications? Yes/ No
If so, please explain: _____

D. Emergency contact information:

Name _____ Relationship _____

Day Telephone _____ Evening Telephone _____

***Additional emergency contact if person above cannot be reached:**

Name _____ Relationship _____

Day Telephone _____ Evening Telephone _____

E. Medical and Insurance Information:

Medical Insurance Company _____

Contract # _____ Group # _____ Insured's Name _____

Signature of Participant Date

Witness Date

Signature of Parent or Legal Guardian Date
(If participant is under age 18)

Relationship