



## Participant Medical Information

Digitally complete and sign the form. Submit to main office or to [geo@usu.edu](mailto: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?

Neither

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 \_\_\_\_\_