

EMERGENCY CONTACT & HEALTH/WELFARE FORM

Department/Event: _____

Student Name: _____

Your PSU ID number: _____ Date: _____

I. EMERGENCY CONTACT (required): please give us a name of the person we should contact in the event of an emergency during the trip.

Name: _____

Relationship to Student: _____

Telephone Number: Work: _____ Home: _____

Email: _____ Fax: _____

Your primary care physician/psychologist: Name & Phone Number: _____

Your health insurance carrier: _____

Policy #/Group#: _____

II. HEALTH/WELFARE INFORMATION (optional): to help ensure availability of appropriate services while on the trip, feel free to share with us the following information.

1) Are you currently receiving medical or psychological care of which you want us to be aware?
Yes No

2) Is there anything in your medical or psychological history of which you want us to be aware? (for example, need for allergy shots, chronic conditions, severe allergies[bee stings/peanuts], asthma) and in the event of a medical emergency is there any information you want us to be aware of such as any prescription drugs you take on a regular basis?
Yes (If yes, please fill out attached sheet) No

3) Do you anticipate needing any accommodation(s) on site (including classroom, academic or housing) due to a documented disability? If so, please describe and contact us as soon as possible. We will need time to make advance arrangements.
Yes No

If the answer to any of the above questions is yes, please explain on the back or make an appointment to discuss the issue with the faculty member organizing this trip.

I have answered the above questions fully and truthfully.

Signature _____ Local Phone Number: _____

****Keep in mind that laws regarding prescription drugs vary from state to state and country to country. If you are currently taking a prescription drug on a regular basis, please be sure to take these factors into account as you prepare for this trip.**

Student Name: _____

PSU Student ID: _____

Allergies: _____

Chronic conditions: _____

Prescription Medications: _____ dosage: _____

_____ dosage: _____

_____ dosage: _____

_____ dosage: _____

_____ dosage: _____

_____ dosage: _____