

HAMILTON COLLEGE
ORIENTATION TRIP
MEDICAL INFORMATION

Please read, complete, and return by June 17. An incomplete form will mean an inability to participate in the program.

Last name _____ First name _____

Date of Birth: ____/____/____

Emergency Contact: (Parent or Guardian)

Name _____

Street _____

City _____ State _____ Zip _____

Home/cell phone _____

Work phone _____

Personal Physician:

Name _____

Street _____

City _____ State _____ Zip _____

Phone _____

Medical Insurance Coverage

I have medical/hospital insurance with the _____ Company.

Policy number _____

Medical Information

Please respond carefully to the following items: Saying yes to any of these questions will not bar you from taking part.

1. Do you have any physical conditions that you think might affect your participation? **If yes, please explain:**

2. Do you regularly take (or need to carry) any medications? Yes No **If yes, please explain their nature and status:**

3. Have you had any operations, fractures, or major illnesses during the past 12 months? Yes No
If yes, please explain their nature and status:

4. Do you have any chronic or recurring illnesses or injuries? **If yes, please explain:**

5. Do you have any allergies (bees, penicillin, foods, medications, etc.)? yes no

If yes, allergic to what? _____

When was the last time you had a reaction and what happened?

6. Do you have diabetes? yes no

7. Do you sleep walk? yes no

8. Do you have any special dietary needs?

Date of last tetanus shot: _____/_____/_____

Please have a tetanus shot or booster if you have not had one within the last ten years.

I certify that the information given here is complete and accurate to the best of my knowledge.

I consent to the release of medical records and to the medical treatment of (name) _____ by the staff of the Hamilton College Health Center, consulting or covering physicians, trip leaders and emergency personnel.

Participant's signature _____

Parent/Guardian's signature _____

Parent/Guardian's name (printed) _____

Please complete this form no later than June 17 and return via email to nso@hamilton.edu.