



CARL
SANDBURG
COLLEGE

Carl Sandburg College Trip Health Statement

Name: _____

Trip Location: _____

Medical History: The purpose of this form is to help the College be of maximum assistance if needed during your trip. It is important that the program is aware of any medical or emotional problems, past or current, which might affect your travel experience. The information provided will remain confidential and will be shared with program staff, faculty, or appropriate professionals only if pertinent to your own well-being.

Yes No

1. Are you generally in good physical condition? (If no, please explain.)

Yes No

2. Have you ever been treated or are you currently being treated for any psychological or emotional problems? (If yes, please explain.)

Yes No

3. Do you have any allergies? (If yes, please explain.)

Yes No

4. Are you taking any medications? (If yes, please explain.)

Yes No

5. Have you had any major injuries, diseases or ailments in the past 5 years?
(If yes, please explain.)

Yes No

6. Are you a vegetarian or are you on a restricted diet? (If yes, please explain.)

Yes No

7. Is there any additional medical information that the program should be aware of during your trip (asthma, epilepsy, diabetes, etc.). (If yes, please explain.)

I verify that I have medical insurance that will cover me during the duration of this trip.

I certify that all responses made on this Health Statement form are true and accurate, and I will notify the College hereafter of any relevant changes in my health that occur prior to the start of the program.

Participant's Signature: _____ Date: _____

Emergency Information:

1. Permission for Emergency Treatment

On rare occasions, an emergency will develop which requires medical care, hospitalization, or surgery for a participant. So that such treatment can be administered without delay, we ask that each participant sign the following statement authorizing Sandburg representatives to secure necessary treatment.

In the event of injury or illness, I, _____, hereby authorize the Carl Sandburg College faculty accompanying the group to secure any necessary treatment, including the administration of an anesthetic and surgery.

Participant's Signature: _____ Date: _____

2. Emergency Contacts

Name: _____ Relation: _____

E-mail: _____ Phone: _____ Cell: _____

Name: _____ Relation: _____

E-mail: _____ Phone: _____ Cell: _____