

2009-2010 Student Activities Medical Statement and Release for Medical Care

If you participate in various student activities, the information you provide in this form will be kept on record by Abilene Christian University (ACU) and provided to your organization's advisors to have on hand in the event of an injury or emergency. In those instances, this information may be provided to others if necessary in obtaining emergency hospitalization, surgical or other medical care. Additionally, your organization's advisors may review this information prior to any activities and reserve the right to modify your participation in any activity based on the information provided. If you do not participate in any activities, this information will not be maintained and will be destroyed by ACU in accordance with the rules of FERPA and/or HIPPA.

Personal Information

Name _____ Banner Number _____

Residence Hall _____ Room _____ Phone _____

Off-Campus Address (If you do not live on-campus) _____

Birth date _____ Gender _____ Semester & Year _____ Age _____ Height _____ Weight _____

Emergency Contact Information

Name _____ Relationship _____

Address _____

Home Phone () _____ Cell Phone () _____

Medical Insurance Provider _____ Insurance Phone () _____

Insurance Group Name or Number _____ Member ID Number _____

Doctor's Name _____ Doctor's Phone () _____

Health Condition and History

1. Are you currently taking any medications? ___ No ___ Yes (if yes, list below the type, dose, frequency and reason for use)

2. Have you had any recent illness, injuries, or operations? ___ No ___ Yes (if yes, list below and explain including date) _____

3. Do you have any allergic reactions (e.g. insects, drug, seasonal, foods, etc.)? ___ No ___ Yes (if yes, list below and explain including reaction) _____

4. Besides those already listed above, do you know of any other physical or psychological problems, limitations, or conditions that could affect your participation in activities? ___ No ___ Yes (if yes, list below and explain) _____

5. Do you know of, or do you believe there is, any health related reason why you should not actively participate in activities at this time? ___No ___ Yes (if yes, list below and explain)

Ability to Participate and Release for Medical Care

By signing below, I declare that there are no health related conditions or restrictions that would prevent me from participating in the activities of my student organization. I understand that if I am at all uncertain about my ability to participate in various activities, it is my obligation to consult my personal physician. I also give permission to ACU, its employees, the organization's advisors, and/or the organization's officers to obtain emergency hospitalization, surgical or other medical care for me, which may require releasing the above information to obtain such treatment. I further state that I am of legal age and legally competent to execute this agreement. I understand that this agreement remains in effect until I revoke it or until the end of the 2009-2010 school year.

Signature of Participant

Date