

QUEENS UNIVERSITY

of

CHARLOTTE

Medical Form

General Information (Please print clearly)

Name: _____

Email: _____@queens.edu

Permanent Address: _____

Cell: _____

Home: _____

Gender: M F T Other Date of Birth: _____

ID#: _____

Emergency Contact Information

Emergency Contact: _____

Relationship: _____

Permanent Address: _____

Cell: _____

Home: _____

Email: _____

Medical Information

1. Please list all allergies, your reactions to them, and required medications below:

Allergies	Reaction	Medications

Insurance Information

- Participants are responsible for medical expenses. Sickness and accident insurance is recommended.
- Do you have hospitalization or medical insurance? Yes No

Signature and Authorization

I have completed the above form to the best of my ability with full knowledge that any information withheld may create the potential for serious injury or re-injury. I am also aware of my past and present health and fitness in relationship to strenuous activity. I will be responsible for storing and taking personal prescription medicine (a refrigerator will be provided if needed). Should an accident or emergency occur that renders me unable to communicate, I hereby give permission to physicians/emergency personnel to provide emergency medical care and to hospitalize and/or secure proper treatment for me.

(Participant's signature)

(Date)

If you are under the age of 18, you are required to obtain the signature of your parent or legal guardian:

(Parent/Legal Guardian's signature)

(Date)

Your participation in this event/activity will be determined based on a review of this form by the facilitation team. Failure to submit this form will mean that you may be an observer, rather than a full participant. Regardless of your physical condition, you are expected to pay attention to your body and its physical limitations to select an appropriate level of participation. Failure to complete all portions of this form could result in injury or compound the damage to an existing injury.