



Medical Release Form

The following information will help Student Life staff and/or student organization advisors assist you in case of a medical emergency. This information is requested, but not required for you to participate in the event and, if provided, will remain strictly confidential. This form will be held by the travelling advisor(s) and shredded upon return from the trip.

Student Name (first, last): CPCC Student ID:

Street Address: Birthday (mm/dd/yy):

City: State: Zip Code:

Home Phone: Doctor: Phone:

Emergency Contact:

In case of an emergency, CPCC staff should notify the following person(s):

Name: Relationship: Phone:

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Health Insurance Information:

Do you have your own health insurance? YES (*Attach a copy of your personal health insurance card to this form*) NO

Health Insurance Company: Policy #:

Health History:

1. Date of last tetanus shot (if known):

2. List any medication(s) you are taking:

Reason for medication(s):

Schedule for medication(s):

3. List any allergies* (food, insect bites, drugs, others):
*If needed, please bring EpiPen.

4. Do you have any specific food requirements?

5. List any physical activities in which you should not participate:

6. Is there any other information we need to know about your health/medical conditions?

I, the undersigned, hereby release CPCC and its employees from any financial responsibility for any sickness or accident that may occur during or as a result of this activity. Should the need arise, I give permission to be taken to a doctor or hospital for medical treatment and will take full responsibility for any medical expenses incurred.

Student Signature: Date: