

Wheaton College

Health Information and Release Form

This form is meant to help Wheaton College and your program directors be of help to you should the need arise during your off-campus program. Mild physical or psychological disorders can become serious under the stresses of off-campus travel and life. It is important for you to let the program directors be aware of any medical or emotional problems, past or current, that might affect you in an off-campus program context. The information provided will remain confidential and will be shared only with program staff or appropriate professionals, and then only if pertinent to your well being. **The particular program to which you are applying may not be able to accommodate all individual needs or circumstances.** But if it can safely and reasonably accommodate yours, the information you give below will *not* adversely affect your acceptance into the program.

I. Emergency Contact Information

Participant's Name: _____ Birth Date: _____
(please print)

Current Status: Undergraduate Student Graduate Student Wheaton Faculty/Staff
 Volunteer Leader Alumnus/Alumna Other: _____

(For Students: CPO: _____ Telephone number: _____ Student ID #: _____)

Permanent Address: _____
(street address) (city) (country) (zip code)

Emergency contact name: _____ Relationship to participant: _____

Telephone to reach contact (daytime): _____ (night): _____

II. Personal Health History

Do you have any physical impairments or learning disabilities that might restrict your mobility or require special facilities or assistance while you are on an off-campus program? Please be as specific as possible: _____

Are you presently, or have you been in the last twelve months, receiving medical treatment of any kind? If so, please specify: _____

Do you have any significant chronic medical conditions requiring ongoing medical supervision or treatment, or have you had in the past any significant condition that is currently in remission? If so, please describe: _____

Do you have any emotional, physical, or medical conditions, past or current, that would cause discomfort or problems during travel, change of climate, change of diet, or strenuous activity? If so, please explain: _____

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Do you have allergic reactions to any of the following?

Aspirin Bee sting Codeine Penicillin Sulfa Drugs Other: _____

Are you currently receiving, or have you received in the last two years, treatment for any emotional problem, eating disorder, drug addiction, alcoholism, or psychiatric condition? Please specify: _____

Please list any special dietary needs you have: _____

III. Medical/Hospitalization Insurance Coverage Information

Please check all that apply:

- I am subscribed to the Wheaton College Student Health Insurance Policy.
- I have coverage through my parents' health insurance or a personal health insurance policy.

Are you sure it covers you out of your state and/or out of Illinois, and out of the U.S.? yes

What restrictions, if any, does this policy have on travel abroad (higher deductibles, limits of coverage, excluded injuries, etc.)?: _____

Name of Agency providing coverage: _____

Policy number: _____

Dates for which coverage is provided: From _____ to _____

By signing below, I certify that all the responses made on this Health Information form are true and accurate, and I will notify the program director hereafter of any relevant changes in my health that occur, either prior to the start of the program or during it.

I further verify that: a) I have no physical impairments that might put myself or others in danger by my participation in the above activity; b) I will abide by all College and other applicable regulations regarding my participation; and c) if I become injured in the course of my participation, and am unable to seek treatment for myself, I hereby give permission for emergency medical treatment to be sought for me by representatives or agents acting on behalf of Wheaton College.

(Signature of Participant)

Date Signed

(Signature of Parent/Guardian if Participant is a minor)

Date Signed