

EMERGENCY CONTACT & HEALTH/WELFARE FORM

(required for all field trip and group travel participants)

Program: _____

Field Trip/Course Title: _____

Date: _____

Student Name: _____ PSU ID: _____

I. EMERGENCY CONTACT (required): please provide the name of the person we should contact in the event of an emergency during the trip. Provide as much contact information as possible.

Name: _____ **Relationship:** _____

Contact Information:

Work Telephone

Home Telephone

Email

Fax

Your Primary Care Physician/Psychologist:

Name & Phone Number

Your Health Insurance Carrier: _____

II. HEALTH/WELFARE INFORMATION (optional): to help ensure availability of appropriate services while on the trip, feel free to share with us the following information.

1) Are you currently receiving medical or psychological care of which you want us to be aware?

Yes _____ No _____

2) Is there anything in your medical or psychological history of which you want us to be aware?
(for example, need for allergy shots, chronic condition of some time).

Yes _____ No _____

3) Do you anticipate needing any accommodation(s) on site (including classroom, academic or housing) due to a documented disability? If so, please describe and contact us as soon as possible. We will need time to make advance arrangements.

Yes _____ No _____

If the answer to any of the above questions is YES, please explain on the back or make an appointment to discuss the issue with the Field Trip Director (faculty “in charge”).

I have answered the above questions fully and truthfully.

Signature

Local Phone Number:

Keep in mind that laws regarding prescription drugs vary from state to state and country to country. If you are currently taking a prescription drug on a regular basis, please be sure to take these factors into account as you prepare for this field experience.