

**Pre-Orientation 2008
Medical Consent and Release Form**

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone (____) _____ Birth Date* _____

* Parental/ Guardian permission must be obtained before medical treatment can be rendered to persons under 18 years of age. The following consent form should be signed by parent or guardian so that indicated care might be given with no unnecessary delay. No major procedures will be performed except in extreme emergency, without parents being notified and fully informed. In the event that a parent does not want treatment rendered under any circumstance, they should cross out the word "give" on the form below and insert the word "refuse". If the form is not signed, it will be interpreted as a refusal of permission.

Must be completed by parent/guardian if student is under 18 years of age: *"I give permission for physicians to carry out such emergency diagnostic and therapeutic procedures as may be necessary for my son/daughter (print name) _____ and in the physician's absence for the nurse on duty to render emergency care and other medical care in line with standing orders, and also permit such procedures to be carried out at and by one of the local hospitals in the event that my son/daughter has been sent or taken there for emergency care."*

Signature of Parent/ Guardian Printed name and relationship Date

Must be completed by student: *"I give permission for physicians to carry out such emergency diagnostic and therapeutic procedures as may be necessary for myself (print your name) _____ and in the physician's absence for the nurse on duty to render emergency care and other medical care in line with standing orders, and also permit such procedures to be carried out at and by one of the local hospitals in the event that I have been sent or taken there for emergency care."*

Signature of Student Printed name Date

Medical History (Please list any conditions the trip leader should be aware of):

Please list any medications that you take regularly: _____

Date of your most recent tetanus immunization _____

Note: If it has been longer than 10 years, or if you are not sure how long it has been, you need to be re-immunized before taking this trip.

Please list all food allergies, noting the type of reaction _____

Please list all medication allergies, noting the type of reaction _____

Please list all environmental allergies, noting the type of reaction _____

Please list any other medical limitations that might affect your ability to participate in this trip.

Emergency Contact:

Name: _____ Address: _____

Phone number: _____ Relationship: _____

Medical Insurance Company: _____ Policy # _____

Primary Care Physician: _____ Phone # _____

To the best of my knowledge, the above information is true and correct as it relates to my ability to participate in a Pre-Orientation trip during the summer of 2008 (the "Activity"). I will notify Muhlenberg College if any additional relevant medical information comes to light subsequent to my submitting this form.

I acknowledge that Muhlenberg College does not provide fire, burglary, theft or other kinds of insurance to cover my personal property. Accordingly, I hereby assume full responsibility for all personal property brought by or for me to the Activity and hereby voluntarily release Muhlenberg College and its officers, trustees, employees, program directors and agents of and from all liability, causes of action, claims and demand, damages and costs (including attorney fees) arising or resulting from the theft, loss or damage of such items of personal property.

In consideration of the efforts put forth by Muhlenberg College to provide me with the opportunity to participate in the Activity, and intending to be legally bound, I do hereby remise, release and forever discharge, and agree to indemnify, defend and save harmless, Muhlenberg College and its officers, trustees, employees, program directors and agents of and from all liability, causes of action, claims and demand, damages and costs (including attorney fees) arising or resulting directly or indirectly from my participation in the Activity.

THE UNDERSIGNED HAS/HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT HE/SHE/THEY HAS/HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.

Student Signature _____ Date _____

Print Name _____

Parent or Guardian Signature _____ Date _____

Print Name _____