

New River Community College
Medical Information Form
General Activity/Field Trip Participation

STUDENT INFORMATION

Activity Participating In: _____

Date(s) of Activity: _____

Student's Name: _____ E-Mail Address: _____

Student ID number: _____

Address: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact: _____ Phone: _____

Physician (Name): _____ Phone: _____

INSURANCE INFORMATION:

Do you have personal health insurance? Yes [] No []

If yes, list name of insurance company: _____

Policy Number: _____

Company phone number _____

List any allergies (including medications): _____

Are you currently on any medication? Yes [] No []

If yes, list type and dosage: _____

AUTHORIZATION OF CONSENT TO TREATMENT

The student is hereby informed that insurance coverage is not provided by or made available to students through New River Community College. Therefore, the student must be responsible for his/her own medical emergency insurance. As a result, the student accepts the consequences of participating in the above activity and cannot hold New River Community College liable.

I, _____, do hereby give my consent to initiate treatment for any illness or injury incurred while participating in any college approved and supported activity.

SIGNATURES:

Student: _____ Date: _____

Activities Counselor: _____ Date: _____

**NEW RIVER COMMUNITY COLLEGE
RELEASE AND PLEDGE AGAINST LEGAL ACTION**

I, the undersigned, request permission to participate in the _____ activity sponsored by New River Community College. Unless rescheduled, this program is presently scheduled to begin on _____ and end on _____.

Participation in this activity is purely voluntary and I understand that there is no guarantee that this activity is free of risk of personal injury or property damage or loss. I agree to abide by any applicable College rules and understand that the College reserves the right to exclude my participation at any time if I am disruptive, or break any College rules and regulations.

In exchange for being permitted to participate, I release and agree not to take legal action against the Commonwealth of Virginia, the College, its agents or employees; for any injury (including sickness, or death), or damage to property, due to my participation in this activity no matter the cause. I understand that the only exception to the preceding sentence is if injury, loss or damage is due to intentional misconduct by employees, or agents of the Commonwealth.

I understand that no one, except the College President or Dean of Instruction and Student Services, has the authority, or right to change, or waive any of the foregoing terms, or to make any representation of any nature to me as to this program, except those stated in official College publications.

I am 18 years of age, or older. I understand that, before signing this paper, I can talk to any advisor of my choice, including parent, spouse or attorney.

Name

Date