

**EMERGENCY/INSURANCE INFORMATION FORM**

Completion of this sheet indicates that the undersigned understands his/her risks, responsibilities and expectations as a participant in South Dakota State University student organizations' sponsored trips. This form indicates that you are participating at your own risk.

**IN CASE OF AN EMERGENCY, PLEASE CONTACT:**

- 1. Parent/Guardian \_\_\_\_\_ (Phone) \_\_\_\_\_  
Address \_\_\_\_\_
- 2. Name \_\_\_\_\_  
Address \_\_\_\_\_

**MEDICAL HISTORY**

- 1. What medications are you allergic to?
- 2. List any significant medical conditions.



Participant's Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
Health Insurance Carrier \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Physician's Name \_\_\_\_\_ Telephone # \_\_\_\_\_



Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian's Signature **(Required only if under 18 years of age and not married)**  
\_\_\_\_\_ Date \_\_\_\_\_