

BOSTON COLLEGE
Service and Immersion Programs
MEDICAL FORM

In order for the trip leaders to assist you in the event of an emergency, please complete the following:

Service/Immersion Program: _____

Sponsoring Department: _____

Dates of Trip: _____ Today's Date: _____

INFORMATION ABOUT YOU

Name: _____ Date of Birth: _____

Local Address: _____

Day Telephone Number(s): (_____) _____

Evening Telephone Number(s): (_____) _____

E-Mail Address: _____

PARENT(S)/LEGAL GUARDIAN

Name(s): _____

Relation to you: _____

Address(es): _____

Day Telephone Number(s): (_____) _____

Evening Telephone Number(s): (_____) _____

E-Mail Address: _____

MEDICAL HISTORY

General Pertinent Information: _____

Allergies and/or special dietary needs: _____

Medications and dosage (include for which conditions): _____

Have you received a tetanus shot within the last 10 years? _____ Date: _____

Have you received two shots of Hepatitis A vaccine? _____ Dates: _____

HEALTH/MEDICAL INSURANCE

Insurance Company: _____

Policy Number: _____

Telephone Number(s): (_____) _____

Name of Policy Holder: _____

*Please attach copies of your insurance card (front and back) and pertinent coverage benefits.

YOUR PHYSICIAN

Name: _____

Address: _____

Telephone Number(s): (_____) _____

EMERGENCY CONTACT (IF DIFFERENT FROM PARENT/GUARDIAN):

Name and Relation: _____

Address: _____

Day Telephone Number(s): (_____) _____

Evening Telephone Number(s): (_____) _____

E-Mail Address: _____

I, the undersigned, do hereby authorize Boston College and its agents or representatives to consent, on my behalf, to any medical/hospital care or treatment (including locations outside the U.S.) to be rendered to _____ (name of participant) upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization. The effective dates of authorization are _____ to _____. I am eighteen years of age or older, have read the above authorization, and confirm that the information contained therein is true and accurate.

Signature

Date

Please return completed form to the trip's Sponsoring Department. Thank you!