

**University of Findlay Emergency Medical Information**

<b>Full Name:</b> _____
<b>Date of Birth:</b> _____ <b>Student I.D. #:</b> _____
<b>Cell Phone Number:</b> _____ <b>Email Address:</b> _____
<b>Campus/Off Campus Address:</b> _____
_____
<b>Organization/Event you are participating in:</b> _____
<b>Travel Date(s):</b> _____

<b><u>Emergency Contact Information</u></b>
<b>Primary Contact:</b>
Name: _____ Relationship: _____
Phone Number: _____ Alt. Phone Number: _____
Email Address: _____
<b>Additional Contact:</b>
Name: _____ Relationship: _____
Phone Number: _____ Alt. Phone Number: _____
Email Address: _____

<b><u>Medical Information</u></b>
<b>If you have a physical and/or mental health condition, please indicate any special instructions or procedures for first responders:</b>
<b>Allergies (including seasonal, foods, medications, etc.)</b>
<b>Medications (all current medications, inhalers, EpiPen, etc.)</b>
<b>Other Important Health-Related Information:</b>

I acknowledge that the information above is accurate as of this date and I understand that in the event of an emergency, the University of Findlay reserves the right to contact my Primary Emergency Contact person and/or my Additional Contact person as listed above. I also understand that I am responsible for bringing any prescription medications I may require with me. If the Participant is under the age of 18, their parent(s)/legal guardian(s) must sign in addition to the Participant.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**

As a parent/guardian on behalf of the above-named minor, I have read the above University of Findlay Release Form for External Program Participants and I understand and agree to the terms and conditions stated herein. I further indemnify and hold harmless the state of Ohio, the University of Findlay, its Board of Trustees, officers, agents, employees, invitees, volunteers, and students for any action brought against the state of Ohio, University of Findlay, its Board of Trustees, employees, agents, and volunteers by the above-named Participant, including but not limited to an action brought by him or her upon reaching the age of majority. I warrant that I am authorized to execute this document on behalf of the above-named minor.

\_\_\_\_\_  
**Signature of Legal Guardian if Participant is a Minor (under 18)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name of Legal Guardian**

Please Note: In the event of an emergency, call 911, then contact the Office of Campus Safety (419-434-4799) to inform them of the incident and file a report. The University of Findlay faculty/staff member responsible for the event must keep the original of this form and send a copy to the Office of Safety and Security. This information will be held confidentially and accessible only to authorized University of Findlay officials in the event of an emergency. Revised 9/28/22.