

**UNIVERSITY OF ALABAMA MUSEUMS
FIELD PROGRAMS
INFORMATION AND EMERGENCY TREATMENT RELEASE FORM**

Name _____ Age _____ Sex _____

Street Address _____ City _____ State _____

Zip _____ Day Phone _____ Home Phone _____

Parents or Guardians Name _____

Emergency Contact Name _____ Phone _____ Address _____

PARENTS: While we intend to use caution at every opportunity, everyone needs to understand that this is a program where attendees will be exposed to the normal risks associated with highway travel, swimming, boating, insects, hiking and being in the sun.

General Health? _____ Disabilities? _____

Are you allergic to insect bites or other substances? (not simple allergies) YES NO

If so, please explain _____

NOTE: Please plan to bring all necessary prescriptions and insect bite kits if you are allergic.

Health Insurance Information **REQUIRED (Insurance is required of all summer program participants)**

Company _____ Group Number _____

Are you taking any prescription medicine? yes no if so, what? _____

Swimming Ability: Poor Good Excellent

I have reviewed the enclosed materials. The above individual has permission to engage in all prescribed activities, except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to someone who is trained in emergency medical treatment or a physician selected by the adult leader in charge, to hospitalize, prescribe appropriate medicine, anesthesia treatment or to order an injection for my child. (signature required and please explain your wishes on the back of this form, date and sign).

Program Participant
If under 18 Parent or Guardian signature required

Date

Parent or Guardian signature required

Date

In any serious emergency, contacting you will be our priority.

Teachers, are you planning to receive professional development hours for our Program? YES NO