

Hiram College
Trip Away Program
PARTICIPANTS
MEDICAL/EMERGENCY CONTACT FORM

Legal Name (Print) _____ Student ID# _____

Cell Number _____

Program location _____

Program dates _____

Birth date / / Height _____ Weight _____
 M D Y

Gender _____ Hair Color _____ Eye color _____

Distinguishing marks _____

Person to notify in case of an emergency:

Name _____ Relationship _____

Telephone: Home (____) _____ Work (____) _____

Cell _____ E-Mail _____

Mailing address _____

The purpose of this form is to help Hiram College to be of maximum assistance to you should the need arise during your experience off campus. Mild physical or psychological disorders can become serious under the stresses of life while traveling. It is important that the program director be made aware of any medical or emotional problems, past or current, which might affect you in an off-campus context. The information provided will remain confidential and will be shared with the program staff, faculty, or appropriate professionals only if pertinent to your well-being. Hiram College may not be able to accommodate all individual needs or circumstances. This information does not affect your admission into the off-campus program. Please provide any necessary explanations, as appropriate, while answering the following questions (you can use another paper for additional information, but be certain to number the response):

