

## Student Emergency Information (Optional)

Participant Name:	Course:
Activity:	Section(s):
Responsible College Official:	

### A. Emergency Information

Providing the following information is optional and only for use in an emergency.

Name / telephone of emergency contact:	
Name / telephone of personal physician:	
Medical training (first aid, EMT, CPR, nurse, etc.) if any:	

- **You may want to inform your leader if you have a medical condition** (such as asthma, epilepsy, diabetes mellitus, anaphylactic reaction to insect venom, pregnancy, or a strong allergic reaction to plants) that might affect your performance in a field activity.
- **You are responsible for consulting with your physician** if you have medical concerns about your participation in a field activity. Your leader can provide you with a detailed description of the activity for evaluation by your physician.
- **You should consider telling the leader or another participant in the activity** where you are carrying medication (such as an inhaler or EpiPen) which you would need in an emergency.
- **You are responsible for providing and administering your own medications.**

### B. Voluntary Disclosure of Health Information

If there is anything concerning your health that you want to share with your leader, please write this information below and add your initials:

**Initial Here:**

Submit this form to professor Austin Community College official leading the field activity. The leader should possess this form during the activity. Destroy this form when no longer required for course activities. Follow standard procedures for destroying confidential information.