

MIRACOSTA COMMUNITY COLLEGE DISTRICT
PARTICIPANT'S GENERAL INFORMATION SHEET

Participant's Name: _____ Birth Date: _____*
PLEASE PRINT (Last) (First) (Middle) Mo. / Day / Year
(*applicable to minors under age 18 ONLY)

Home Address: _____ City: _____ ST: _____ Zip: _____

Home Phone Number: (____) _____ E-Mail Address: _____

Cell Phone Number: (____) _____

Print name of Parent or Legal Guardian

EMERGENCY CONTACT

If above parent/guardian cannot be reached in case of emergency, please contact the person listed below:

Name (Print) _____ Home Address: _____

City/State/Zip: _____ Phone Number (____) _____

Relationship: _____ E-Mail Address: _____

MEDICAL EMERGENCY HEALTH INFORMATION (Voluntary)

List any health problem or medical condition that could adversely affect your participation in this activity? For example: heart disease, diabetes, high blood pressure, epilepsy, allergies, etc.

Please list any prescription drugs you are currently taking: _____

Do you have any allergies to medication/other (e.g. antibiotics, bee sting, etc.)? ____ If yes, explain:

(If additional space is needed, please use reverse side of this form and check box here)

We recommend that you seek a Doctor's professional opinion to participate, if necessary.

Do you have Medical/Health Insurance Yes ____ No ____

List Health Insurance Carrier _____

NOTICE: The use, possession, sale, dispensation, distribution, or manufacture of, or the attempted sale, dispensation, distribution, or manufacture of alcohol and controlled substances on College properties or at official College functions is unlawful or otherwise prohibited by College Policy or campus regulations.

*If the participant is younger than 18 years of age, this form must be signed by the participant's parent or legal guardian. Note: Minors may not participate in any international travel/activity.

Date: _____

Signature of Participant or Participant's Parent or Legal Guardian

INSTRUCTIONS: Completion of this form is necessary for overnight excursions/field trips and is to be retained during the trip by the advisor/supervisor. It is for the proper notification only of family members. The Medical Emergency Health Information section is voluntary and not mandatory. Once the trip is completed and there have been no incidents, accidents, illnesses, etc., the forms should be destroyed, as MiraCosta Community College District does not need to retain medical information on any students for ANY purposes.