



SonFest Medical Release

Personal Information

Participant's Full Legal Name _____ S. S. Number _____

Age _____ Birth Date _____ Address _____

City _____ State _____ Zip _____ Phone _____

Parent, Guardian Telephone Home _____ Work _____ Cellular _____

Address _____ State _____ Zip _____

Person (other than above) to call in case of an emergency:

Name _____ Phone _____

Insurance Information

Participant's Insurance Company _____

Policy Number _____

Health Information Necessary for Proper Care and Protection

To assist medical personnel in caring for the participant, please provide the following.

Describe any health factor that makes it advisable for the participant to limit physical activity.

Describe any current medical factor or condition (e.g., chronic disease) that might affect treatment.

Describe any medications currently taken (name, dosage, and frequency).

Describe any allergies to medication.

Describe any allergies to the environment or food.

Describe any recent exposure to a communicable disease.

Give the date of the last tetanus shot.

In the event that I become ill or injured, I authorize MVNU or its personnel to treat or seek medical treatment for such illness or injury. If the illness or injury is of sufficient seriousness, I authorize MVNU to call for emergency transport, and dental or medical intervention, including examination, diagnosis, treatment, anesthesia, or surgery. In all cases of transport and/or treatment, I agree to pay for all costs and expenses. I have provided relevant medical information above.

Name _____
(printed)

Signature _____

Parent/Guardian _____
(Required if the participant is under 18 years old)

Date _____

If signed by Parent/Guardian: I verify that the medical treatment protocol was explained to the Participant and that the Participant understood them.

The University recommends that a copy of this medical information page be photocopied and that the participant carry it on her or his person for the SonFest event.