

MINNESOTA STATE UNIVERSITY, MANKATO
MEDICAL INFORMATION
(For Use on Field Trip)

The below requested information is private data. As required under Minnesota Statutes 13.04, Subd. 2 (2004), you are advised that the data may be used by either other persons on the outing administering first aid or medical personnel in the event emergency medical treatment is needed. You may refuse to supply the requested information; however, failure to provide the data will hamper the giving of emergency medical treatment.

Do you currently or have you ever had any of the following?

_____ Asthma	_____ Heatstroke
_____ Bronchitis	_____ Back problems
_____ Pneumonia	_____ Heart condition
_____ Diabetes	_____ Epilepsy

If any of the above are checked, please describe when you had the condition and treatment. _____

_____ Joint injuries _____

_____ Surgery or other operations _____

_____ Allergies (to drugs, insect bites, foods) _____

Have you had a tetanus booster within the past five years? _____

Date: _____

Are there any other health or medical conditions we should be aware of? _____

Will you be carrying any medication? _____ If so, describe and give dosage.

Insurance Company and Policy No. _____

Birthdate _____ Weight _____

Height _____ Sex _____

In case of emergency, contact:

Name: _____ Telephone: _____

Address: _____ Relationship: _____

Signed: _____ Date: _____

Address: _____