Future Problem Solving Program International Conference 2017

Medical Information/Release Form

Participant Information

Last Name ______________________ First Name ______________________
Street Address ______________________ Date of Birth ____________ Male ____ Female ____
City, State, Zip ______________________ Phone ______________________

Event Information

International Conference 2017; University of Wisconsin La Crosse June 7-11, 2017

Medical Emergency Contact Information

Person to Contact First:
Name ______________________
Relation to Participant ______________________
Daytime Phone ______________________
Evening Phone ______________________

Back-up Contact (Friend or Relative):
Name ______________________
Relation to Participant ______________________
Daytime Phone ______________________
Evening Phone ______________________

INSURANCE POLICY INFORMATION

Yes No The above-named participant is covered by health insurance.
(If yes, provide the following information, which is required to expedite treatment and to facilitate the billing process.)

Policy Holder's (PH) Name ______________________
Address ______________________
City, State, Zip ______________________
PH's Employer ______________________
Insurance Co. Name ______________________
Policy # ______________________

PH's Date of Birth ______________________
Relation to Participant ______________________
Occupation ______________________
Employer Address ______________________
Insurance Co. Phone ______________________
Plan # ______________________

PARTICIPANT ALLERGIES AND/OR MEDICATIONS

List any allergies participant has and how the allergy affects the participant.

List any current medications and purpose of medications taken by the participant.

PARENTAL PERMISSION

I give my permission for such diagnostic and therapeutic procedures as may be deemed necessary for my son/daughter by any cooperating medical facility. I understand that any health care facility will make every reasonable effort to contact me first, time and conditions permitting. I understand I am responsible for charges incurred. I have read and understand this form and have had an opportunity to ask any questions about it.

Printed Name ______________________ Signature ______________________
Relationship ______________________ Date ______________________