



Medical Release/History Short-Form for Off-Campus Travel

This form may only be used for (a) day trips and (b) overnight (domestic-only) trips that do not exceed 7 days

Submit this form to the trip organizer

Participant's Personal Information

Name (print) _____

Male or Female (circle one) Date of Birth _____ Social Security # _____

Current Address _____ Primary Phone # _____

Medical Emergency Contact

Name (print) _____ Primary Phone # _____

Relationship: ___ Parent ___ Guardian ___ Spouse ___ Brother ___ Sister ___ Other (list) _____

Health/Medical Information

Please disclose information that the trip organizer should know, including, but not limited to the following: medical conditions, allergies to food or medication, regular or over-the-counter medication, injuries, and other restrictions, etc.

Statement of Affirmation and Consent

- I affirm that the information provided on this form is accurate and complete – if any information is inaccurate or incomplete, I release MVNU from any liability and may be subject to disciplinary action by MVNU.
- I previously submitted medical information to MVNU (as specified, below) – I affirm that this information is still in effect and has not changed.
- I understand that I have the option to submit a new Medical Release/History Form – by submitting this Short-Form, I have knowingly and voluntarily waived this option.
- I understand that this form will remain on file and may be used for future trips – it is my responsibility to update this form.

Previously Submitted Medical Information

Name of Recipient (print) _____ Approximate Date of Submission _____

Recipient's Title or Office _____

Signature(s)/Date(s)

Participant Signature _____ Date _____

Legal Guardian Signature (if applicable) _____ Date _____