

Center for Community Service and Justice
Health and Emergency Information Form

The following information is required for all program participants.
Please complete every space below and make sure that all responses are legible.
If you are currently taking any medications, remember to bring an adequate supply with you on
the immersion experience.

Personal Information

Name: _____ Date of Birth: ____ / ____ / ____
Female ____ Male ____ Cell Phone: _____
Immersion Program: _____ Semester/Year: _____
Home address: _____
Home phone: _____ ID#: _____
E-mail address: _____

Emergency Contacts

Name: _____ Relationship: _____
Address: _____
Phone (day): _____ Phone (eve/weekend): _____
Phone (cell): _____
E-mail address: _____

Name: _____ Relationship: _____
Address: _____
Phone (day): _____ Phone (eve/weekend): _____
Phone (cell): _____
E-mail address: _____

Health Insurance Information

Insurance Company Name: _____
Name of Policy Holder: _____ Policy Number: _____
Name of Employer (company/organization): _____
Employer's address: _____

OPTIONAL: Special Needs

We are concerned about your health and well-being during the program and want you to have a successful experience. If you choose to reveal any information below, it will not affect your status in the program, nor will it be revealed to anyone outside of the CCSJ staff or trip leaders without your written permission. The sharing of this information is strictly voluntary.

If you wish, you can use this form to share information (such as such as allergies, dietary needs, temporary or chronic medical conditions, medications, psychological conditions, etc.) that you consider important to your health and welfare while you participate in this Loyola University Maryland service immersion program.

Are there any special accommodations that you would like to request? Please note that we may not be able to provide all accommodations requested.

Emergency Medical Treatment Authorization

I agree to permit Loyola University and its agents and employees to seek emergency medical treatment for me in the event of an injury or illness occurring during this immersion experience. I understand that any costs associated with such treatment are my responsibility.

I understand that the above information is confidential and, under the Family Educational Rights and Privacy Act (FERPA), may not be disclosed without my consent with certain exceptions. One exception is disclosures to Loyola University Maryland program administrators who have legitimate educational interests. Further information regarding the University's FERPA policy may be found in the undergraduate catalog.

Participant signature: _____ Date: _____