**Rockhurst University (RU) Service-Immersion Trip**

**Medical Information Form (Please Print Legibly)**

**Name**:

**Insurance Provider**: **Insurance Policy Number**:

**Insurance Policy Holder Name**:

**Medical Conditions and Constraints (allergies, etc.)**

**Medications & corresponding condition**

|  |  |
| --- | --- |
| Medication | Condition |
|  |  |
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**Dietary Constraints (vegetarian, etc.)**:

**Acknowledgement**: Service-immersion trips can be physically strenuous, emotionally taxing, and spiritually challenging; a certain level of wellness is required to participate. By signing below:

* I acknowledge that I am physically, emotionally, and spiritually well enough to participate in the trip,
* I have completed the above form as thoroughly and honesty as possible,
* I will notify RU if there are any change, addition, subtraction, or deterioration of my health conditions or medications between today and the departure of my trip,
* I will notify RU if a health care professional deems me unfit to participate in the trip,
* I understand that RU reserves the right to request additional medical information, including a signed form from my medical professional stating that I am able to participate in the trip
* I understand that failure to comply with any of the above points could result in the forfeiting of my position on the trip and the loss of my entire payment.

Signature Date

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_** (printed name)